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ABSTRACT

This document examines programs in Nepal, Ecuador, and Ethiopia that address the many needs of working women in regard to providing high quality care for their children. The description of each program includes: (1) an account of the identification of the child care need; (2) program planning and implementation; (3) training of staff; (4) effects on women, children, and the community; and (5) implications for the future. Program Entry Point, which was developed by UNICEF and a ministry of the Nepalese government, includes a home-based program in which mothers look after children of 1 to 3 years on a rotating basis. Approximately 82 child care centers serve some 1,900 children scattered through Nepal's 75 districts. The activities include parent education and a program in which older children look after younger children. The components of the Project of Basic Services of Guayaquil, Ecuador include the Preschool Child Care Program and the Women's Promotion Program, which assists women through the provision of information, training, expansion of the women's productive roles, and relief of domestic burdens. Programs sponsored by the Melka Oba and Yetnora farmers' cooperatives in Ethiopia provide child care and other services to local women. A list of 36 references is included. (BC)

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WOMEN, WORK AND THE NEED FOR CHILD CARE

OPPORTUNITIES FOR PROGRAMMATIC COLLABORATION

A REVIEW OF UNICEF-SUPPORTED PROGRAMMES IN NEPAL, ECUADOR AND ETHIOPIA

Edited by Cassie Landers and Ann Leonard
Consultative Group on Early Childhood Care and Development

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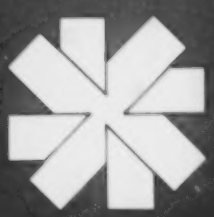

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Opportunities for Programmatic Collaboration

A review of UNICEF-supported programmes in Nepal, Ecuador, and Ethiopia

Edited by Cassie Landers and Ann Leonard
Consultative Group on Early Childhood Care and Development

UNICEF
New York, N.Y., USA

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INTRODUCTION

During the past decade, policy-makers in the developing world have increasingly focussed their attention on two fields of social action—namely, the healthy survival and development of children and the social and economic roles of women. Researchers with varying points of view have investigated the relationships between these two fields of effort, often distinguished as the "reproductive" and the "productive" development of women. The main concern of investigators studying women in development has been to enhance women's economic opportunities through programmes that improve women's access to technology, training, education, and credit. Because of this emphasis on women's productive role and the downplaying of maternal issues, child care has been a relatively minor component in the majority of these initiatives (Buvinic and Leslie, 1989).

In a similarly narrow vein, public health and educational specialists focussing on the survival and development needs of children have minimized or ignored the lack of economic opportunities for women, as well as the need for mothers in most low-income households to earn income while bearing and raising children. Most child development programmes have failed to respond to these needs, since the motivating force behind the initiatives has been to meet children's educational or health needs. This bias towards preschool-aged children has created an unbalanced emphasis on the needs of children from three to six years of age, while ignoring the need for services during the demanding first three years of life.

The lack of attention to women's multiple roles has generated erroneous suppositions and detrimental social and legislative policies. However, recent efforts indicate that important collaborative efforts between the women in development and child welfare fields are occurring. As the three case studies in this report demonstrate, programmatic attention to the intersecting needs of women has the potential to enhance substantially their social and economic status, as well as the development of their children.

Before turning to the programmatic challenges and solutions imposed by this collaboration, we attempt in the following section to place the relationship between women's work and child welfare within the context of several current trends. In addition, we explore several sociological and cultural barriers that continue to impede the implementation of high-quality child development programmes.

The information presented in this section and the programmatic implications reviewed in the final chapter of this document draw heavily on the work of Robert Myers. A longer version of his work on this subject appears in "Relating Child Care, Women's Work, and Child Development" (Chapter 11) in *The Twelve Who Survive*. To be published (1992).

Current Trends: Women's Work

The majority of women in both the developing and the developed worlds confront the need to combine economically productive work with the care and nurturing of their children. That the burden of these responsibilities and limited options falls most heavily on low-income women in the Third World is a fact that has been well documented. Although the economic value of Third World women's work may not have substantially increased since the post-colonial period, their work patterns have changed significantly. Factors such as increased urbanization, industrialization, and migration have given rise to greater numbers of women working away from home. In developing countries, the percentage of women in the paid labour force increased from 28 percent in 1950 to 32 percent in 1985 (Sivard, 1985). In addition, estimates of households headed by women range from almost half in Botswana, to a third in Jamaica, to a minimum of 10 percent in most Arab Middle Eastern countries (Youssef and Hetler, 1984). The persistent rise in female-headed households has tremendous implications.

Worldwide economic recession and the severe food production crisis that exists throughout much of sub-Saharan Africa have further intensified the burdens of women in the Third World. Household survival is dependent on women's economic productivity (Gozo and Aboagye, 1985; Savane, 1985). Few low-income women have the option of devoting themselves full-time to child care even in their child's critical first year of life. Because of this constraint, a high proportion of women work in the informal sector in low-paying jobs that provide no security (Lycette and White, 1988).

In addition, increased communication systems reaching into remote, isolated areas, expanded education opportunities, changing family structures, extensive migration, and explosion of urban environments have, as Anderson (1988) describes,

> *"... been sufficient to upset a tenuous balance that women seemed to have achieved among their many roles and obligations. For women in numerous occupations, the distancing of the work place from the home and the insoluble transportation problems of sprawling Third World cities have eliminated the possibility of combining work and child care. Work places have become larger, more bureaucratized and hostile to children. ... Family systems have changed and so have the local communities on which families depend for helping networks and social participation. A sharp rise in the number of female-headed households in very diverse cultural settings has perhaps been the most dramatic expression of this shift. Entirely new communities have been created such as the shanty communities that ring most major Third World cities. These changes ... affect men's and women's relations with their immediate human environment, their relations with each other, and their relation to their children."*

Child Survival and Development

The past three decades have witnessed dramatic improvements in child survival rates. For developing countries as a whole, infant mortality—a sensitive indicator of health, nutrition, and education status—dropped from 188 per 1,000 live births to 80 during the

period 1950 to 1987. Industrialized countries at a corresponding level of development (UNICEF, 1990) took more than 100 years to accomplish a similar reduction. At least 12 of every 13 children born in 1990 will live to see a first birthday. Considering that the comparable 1960 figure was five for every six children born, it is clear than an important advance has been made in child survival (Myers, 1990).

In spite of these advances, however, infant and child mortality rates remain distressingly high in areas of sub-Saharan Africa. Also, a growing concern exists that certain trends, such as the increase in the prevalence of female-headed households and economic recession, could in fact reverse these recent improvements (Cornia, Jolly, and Stewart, 1987). Moreover, most surviving children continue to live in the same conditions of poverty and stress that previously endangered their lives. These and other conditions now put children at risk of impaired physical, mental, social, and emotional development in their earliest months and years of life. Through neglect, millions of surviving children are being condemned to lethargic, unrewarding, unproductive, and dependent lives. Deprived of the chance to develop their abilities, they are often unable to cope adequately with a rapidly changing and increasingly complex world.

In response to these problems, programme experience has provided a wide range of potentially effective and financially feasible models of early child development programmes. However, despite impressive growth, these pilot programmes have been unable to secure the funds necessary to increase the number of children receiving services.

Women's Work and Child Care: A Biased Perspective

The ways in which current patterns of women's work affect the health, nutritional, and developmental status of infants and young children have been the subject of complex investigation. Some researchers have focussed narrowly on how maternal work patterns influence children's growth as a result of changes in breastfeeding patterns and nutritional status of weaning-age children. Another thread of investigation has examined the effects of women's work on adoption of child survival technologies in terms of competing demands on women's time and level and control over household income (Buvinic and Leslie, 1989). While many conclusions suggesting both positive and negative impact have been put forth, the data supporting such claims are hindered by methodological shortcomings and erroneous conceptual frameworks. Moreover, the effects of women's work patterns on the psychosocial development of Third World children in their early years have received relatively little attention from investigators.

Biased and misguided assumptions often underlie discussions and analyses of women's work and child care. These faulty assumptions include the following:

- Women are full-time housewives and not engaged in economically productive activity.
- Mothers are the sole caretakers of their children.
- The family is a democratic and altruistic unit maximizing welfare for all its members.

The absurdity of the first misconception—women as full-time housewives—is evident in the high number of female-headed households among the poor. For example, over 49 percent of rural households in Botswana, Ghana, Kenya, Lesotho, and Sierra Leone are headed by women (Youssef and Hammon, 1985). Compared with households headed by men, female-headed households have less income, fewer secondary sources of income, and less access to productive resources. Moreover, a substantial number of female heads of households are in the "prime" working age group (25-29), the period when household responsibility is the most intensive (Merrick and Schmink, 1983). The view of women as housewives engaged exclusively in domestic chores continues to fuel erroneous perceptions about their level of productivity. Productivity narrowly defined in terms of cash income disregards the fact that the majority of women's work is non-remunerated and occurs at home, but can be considered economically productive. Moreover, defining productivity in terms of paid work underestimates the demands made on women's time and labour (Leslie, Lycette, and Buvinic, 1988). In the developing world, when all working hours among family members are assigned economic value, the contribution of women and children to household income is often greater than that of men (Bhatia and Singh, 1987; King and Evenson, 1983).

Second, the supposition that mothers are the sole caretakers of young children has led some to believe that women's employment away from home will compromise children's welfare. In developing countries, a host of extended family members, including siblings, aunts, and grandmothers, traditionally care for and nurture children, and a mother's direct involvement in child care depends on the availability of these alternate caregivers. Recognition of this reality has important programmatic implications for the design of child care efforts and for the content of parent education programmes.

Third, the belief that women have control over their earnings and that this will necessarily lead to improvements in their own or their children's welfare has further biased our understanding of these complex issues. In spite of cultural variation, it is generally assumed that, compared with men, women more consistently and in greater proportions contribute to the nutritional and health needs of their children. Thus, maternal income patterns are considered a better predictor of a child's nutritional status than father's income (Bidinger, Nag, and Babu, 1986; Cornia, 1984; Johnson, 1988; Kumar, 1984; Popkin, 1983; Safilios-Rothschild, 1980). However, in conditions of chronic scarcity, women's control over earned income decreases. As the severity of family needs increases, men and women engage in a bargaining process in which women, as a result of economic and legal inequities, are unequal negotiators.

As this brief analysis suggests, the impact of women's work on child care and development is only minimally understood, since women's and children's welfare are both subject to mediating family, community, cultural, and economic factors. A critical factor in this equation, of course, is the availability and accessibility of quality child care.

Availability of Child Care Programmes

In simplistic terms, working mothers have three options in addressing their need for child care. The first option entails "doing it yourself," or personal direct care by the mother. The second involves the delegation of tasks to siblings, grandparents, or other extended kin. The third alternative, and the subject of the present discussion, refers to the delegation of

responsibility to a formally or informally organized system of child care. These organized programmes may take many forms, ranging from mammoth, highly organized preschool facilities to informal home day care arrangements where caregivers attend to six or more neighbourhood children. Programmes may be located within cooperatives, factories, or communities, with varying degrees of participation and cost to working mothers. While reliance on organized child care programmes is increasing, in reality the care of a single child at any given point in his or her development reflects a complex combination of each of these three options.

A complete picture of the coverage rates of various types of child care is not currently available. Accurate and reliable statistics are difficult to obtain, since a large percentage of care by family members, as well as informal group care outside the home, is unregistered. Moreover, existing records of formal programmes mandated or organized by national, state, and local governments are often outdated. In spite of the absence of accurate statistics on the extent and quality of child care, it is generally accepted that, except in a limited number of socialist countries in the Third World, publicly supported and supervised programmes of child care that respond to women's work issues are limited. For instance, only about one percent of India's 33 to 34 million preschool-aged children are formally enrolled in day care (Swaminathan, 1985). Similarly, Peru is estimated to have regulated day care for fewer than one percent of preschool-aged children (Fort, 1988). The absence of child care programmes linked to women's work is even more pronounced in many countries of Africa.

These figures, however, do not include recent early child development programmes that are not intended to meet the needs of working mothers. Hundreds of small-scale demonstration projects and several large-scale initiatives underscoring the possibilities for early child development programmes to foster children's abilities are in operation. For example, through an Integrated Child Development Services project, India now provides nonformal preschool programmes for more than 25 percent of all children between the ages of three and six. In Peru, more than one-fourth of all children aged three to five attend preschool and integrated child development programmes. This expansion is also seen in Sri Lanka's efforts to cover all five-year-old children by extending the age of entry into primary school downward and transforming the first year of schooling into a kindergarten. Thailand now provides some form of preschool for approximately 24 percent of all children between the ages of three and six through nonformal, centre-based programmes combined with parental education activities. In the Philippines, 19 percent of all children aged three to six participate in early childhood enrichment programmes that deliver learning opportunities to disadvantaged preschool children in structured centre-based settings.

Unfortunately, most of these early child programmes have not responded to the child care needs of working mothers. Typically, programmes operate for three to four hours a day during the week. The overall goal of the majority of these programmes is to develop a child's learning skills or to address nutritional or health issues. This preschool bias favours attention beginning at age three, leaving the needs of working mothers with children younger than three largely unaddressed. In addition, the quality of the programmes is often so poor that positive benefits to the child are minimal, and in some instances negative outcomes may be apparent. The failure of such programmes to combine their child-centred approach with the needs of working women is discouraging, given the current increase and expansion of these programmes.

However, child care programmes tailored specifically to meet the needs of working women have identified several potentially effective strategies. For example, India's "mobile creches," located at construction sites, are small-scale day care facilities that provide services to women construction workers with small children. The classic factory day care facility, propagated by the International Labour Organisation in the early decades of this century, was also designed to serve a specific sector of working women. However, the success of these initiatives has been limited at best, as employers often choose to replace women workers with men rather than assume the costs of day care. Moreover, the absence of programmes has been blamed on problems of transporting children to work sites, variation in working hours, and the dangerous environments characterizing many work settings. A third type of programme, such as the one operating in Senegal (Evans, 1986), involves rural agricultural workers. In this project, mothers provide care to groups of children on a rotational basis. Cooperatives of women rice-planters operate day care facilities during seasons of peak demand.

To add to these examples, the following sections examine in more detail initiatives in Nepal, Ecuador, and Ethiopia that have attempted to address simultaneously the multiple needs of working women in providing quality care for their children. The programme in Nepal entails the development of a home-based child care programme as a component of a production credit scheme for rural women. According to the description provided by Carolyn Arnold, UNICEF's Entry Point is an informal programme in which mothers look after small groups of young children on a rotational basis. For poor urban women living in the squatter settlements of Guayaquil, one of Ecuador's major cities, child care services were developed as part of the UNICEF-sponsored Basic Urban Services Project. As described in the case study, prepared by Jorge Mejia, home-based and centre-based models of child care are in operation. In the third case study, Aster Haregot discusses day care services provided for the children of mothers working in two agricultural productive cooperatives in Ethiopia.

Each of these case studies examines issues related to programme development, implementation, training, organization, and management. In addition, the studies explore programmatic effects on women, children, and the community, as well as implications for future activities.

Nepal

Project Entry Point

NEPAL: PROJECT ENTRY POINT

Background

Nepal is a land of great diversity. Wedged between India and China, Nepal descends from the world-famous peaks of the Himalayas, through the hills, to the flat sub-tropical plains known as the *terai*. Some 94 percent of Nepal's population live in rural areas—around half in villages inaccessible by road. The country's great variety of terrain is matched by its diversity of ethnic groups and cultural practices. Members of the Tibeto-Burmese and Indo-Aryan ethnic groups speak 18 languages.

The state religion and most powerful ideological force in Nepal is Hinduism, with the King regarded as an incarnation of the God Vishnu. Buddhism also has a strong tradition, however; many people's practices and beliefs contain a mix of Buddhist and Hindu elements. Spiritual leaders have a pervasive influence, and the caste system, although illegal as a basis for discrimination, still acts as a powerful force in Nepalese society, affecting to varying extents people's access to employment, education, and power.

The population of Nepal is close to 18 million and includes eight million children under the age of 15. Large families, averaging six children or more, are the norm. The significance and resilience of the family constitutes a point of convergence across the different ethnic groups. In rural communities, the joint family may include a number of patrilineally related men along with their nuclear families. Families in the hills are usually composed of parent couples with their married sons and the latter's nuclear families. In the *terai*, joint families are larger and more complex. In all cases, pressure is now being felt by these large extended families as land holdings, which have been divided and redivided for generations, become too small to support so many people.

Cut off from the outside world until the 1950s, the people of Nepal have for centuries demonstrated remarkable skill and resourcefulness in winning a living from the land. But population and ecological pressures are making their situation ever more precarious. Indeed, harsh conditions make Nepal one of the world's poorest countries; according to the World Development Report of 1985, only three other countries had lower gross national product (GNP) per capita.

This review was prepared by Caroline Arnold for the Consultative Group on Early Childhood Care and Development with support from UNICEF, New York, April, 1990.

Any improvement in the Nepalese economy has been largely offset by a population growth of 2.6 percent per year, and the country is now experiencing a food crisis as a result of both ecological and socio-political conditions of production. Despite investments in agricultural development, most of Nepal's rural population is undergoing a process of impoverishment causing increasing nutritional stress—with women and children most at risk.

Women's lives and women's work

Throughout Nepal, the vast majority of people are subsistence-level farmers. The family farm produces almost 80 percent of the average annual household income. In the division of labour, the major workload falls upon the woman, and she is expected to fulfill multiple roles. According to comparative time allocation studies, a Nepalese woman must spend almost 11 hours a day just to maintain the family's subsistence level. Men, by comparison, are involved in the family farm enterprise for approximately six hours daily.

According to the Status of Women Reports (Tribhuban University, 1981), a general pattern of female predominance in agriculture decisions (and also household matters) is apparent. Some 96 percent of women described as "economically active" are engaged in agriculture as low levels of education continue to affect negatively the employment of women in the formal sector. Estimates of women's participation in the economy vary according to the way in which "economy" is defined and according to the importance ascribed to activities performed mainly by women. The census definition of economic activity excludes many of the activities that absorb the time and labour of women—those activities that are essential for household survival (such as drawing water, fuel and fodder collection, kitchen gardening, food processing, and child care).

In addition to their contribution to the family farm and household maintenance, Nepalese women also undertake "informal" economic activities, such as small trade, marketing, various crafts, and shop-keeping, to supplement the household income. However, the time rural women can spend on activities with potentially higher economic return is limited by their extremely heavy burden of providing food, water, and fuel for the family. Landless women and those living on small, marginal farms often bear the full responsibility for providing food and shelter for their families while their husbands spend many months of the year seeking work elsewhere.

The extent of women's participation in the economy varies greatly across the country. Among conservative, high-caste families, particularly those in the *terai*, women tend to have very few opportunities, and their movements are restricted. In contrast, women from the mountains regularly engage in local barter trade, frequently travelling some distance from home to market their goods.

While few data on nutrition are available, it seems that women throughout rural Nepal are often malnourished. Many factors combine to undermine female health. According to national mortality data, women at all ages appear to be less healthy than men. One reason is that family food distribution traditionally tends to favour males; women nearly always eat after everyone else. Also, women's extremely heavy work burdens, when combined with many closely spaced pregnancies and poor nutrition, clearly have a negative impact on their health.

As mothers, women play a critical role in their children's development, but they are often limited in their ability to nurture and stimulate their offspring because of social conditions that deprive them of access to food, services, resources, and information. Equally important, they simply have very little time available to spend with their children. Each year it is necessary to go farther up in the hills to collect fodder and fuel, so these responsibilities take more and more of their time.

In Nepal, almost 40 percent of children drop out of school during the first year. Of those who remain, 25 percent have to repeat Grade One. This is indicative of the difficulty many children have in coping with the school environment. Access of girls and women to educational opportunities is particularly limited, and today 82 percent of Nepalese women are illiterate. This has had a negative impact on their access to knowledge and their participation in the development process. Early on, girls are expected to participate in household labour, particularly in child care, thus reducing the likelihood that they will attend school. Combined with a general lack of confidence in the education system, this has meant that only 30 percent of school-aged girls currently are enrolled at primary school; in some districts, enrolment is as low as 13 percent. Even among girls who are enrolled, attendance is about 50 percent lower than that of boys.

Child care and development

The vast majority of births in Nepal take place in the family home and are assisted by a traditional birth attendant. The first few months of a child's life are often spent with the mother. Until children are six months old, they are often carried or kept in baskets. Infants usually receive a great deal of affection. Grandparents spend hours playing with them, and babies are constantly surrounded by other family members. They receive a lot of physical contact, which is important, as the quality of early social interaction is central to all children's development.

By the time a child is able to crawl, she or he is increasingly likely to be left in the care of other family members while the mother attends to farm work. As the young infant begins to explore, she or he is exposed to a highly contaminated environment. Thus, the child's development is subject early on to frequent setbacks as disease undermines an already precarious nutritional status.

The growth and development of many Asian children are hampered by poverty, lack of access to education, and poor health. In Nepal, over 42 percent of the population live below the poverty line, which is assessed by the Government at Rs. 10,667 (around US$425) per family per year. Many more live on the brink of poverty, where illness, accident, or poor harvests can tip the balance, forcing the household into indebtedness. With an infant mortality rate of 125 per 1,000 live births, many Nepalese children suffer from gross deprivation of their most basic needs, and one out of six dies before reaching age five. Such high infant and child mortality rates not only underscore the vicious cycle of poverty, but also point to increased risks of damage for the survivors. According to the National Nutrition Survey's weight-for-age data, two-thirds of Nepalese children under the age of six are malnourished, and an additional five percent are very severely affected. During the "hungry months" (March to July or August), most family households are totally involved in land

preparation and planting. While labour demands increase, food reserves decline, resulting in increased malnutrition among children. Some local surveys have reported food shortfalls affecting 50 to 75 percent of households during this period.

Food shortages are, of course, not the only factors involved in malnutrition. Parasitic infections, contaminated water, environment, and the extreme frequency of diarrhoea, which inhibits the absorption of nutrients, also play major roles. In addition, feeding patterns contribute to poor infant health: because of women's heavy workloads, there is a trend towards early supplementation (i.e., before four months). On the other hand, exclusive reliance on breastfeeding for older infants, who need other sources of nourishment, is also widespread.

Poor nutrition seriously undermines the capacity of children to resist disease. Children suffer from gastrointestinal, respiratory, and a wide range of other diseases; tuberculosis and measles are among the most common. At present, around 40 percent of infant deaths occur during the first month of life, most due to neonatal tetanus, premature birth, or low birth weight. A general lack of awareness of the additional nutritional needs of pregnant women seems apparent, and means for meeting these needs are scarce.

By the time children can walk, they are considered old enough to be left in the care of older siblings. Girls of five or even younger are entrusted with the responsibility of looking after children of one or two. From this time on, the child's information concerning the world comes mostly from other children; youngsters rarely learn through direct instruction, but rather by means of imitation. Parents, however, are held responsible for the child's cleanliness, eating habits, and moral qualities.

Family members care for sick children. The first outside consultations are almost always with the *dhami* and *jhankaris* (the traditional healers), who are easily accessible. In many parts of Nepal, the nearest health post is hours, if not days, away on foot. In addition, health posts often experience drug shortages, and communication problems between rural parents and the health workers are frequent. A heavily centralized bureaucracy has further hampered the delivery of health services for children. Vertical projects, an extreme bias towards curative practices rather than prevention, and lack of women's participation in the health sector are major problems. Of the many health education interventions available, only oral rehydration therapy (ORT) has received sustained attention. In most parts of the country, immunizations are carried out by travelling teams. One of the most significant reasons children are not being immunized seems to be lack of information regarding where and when immunizations are given.

Identifying the Need

In Nepal, where infant mortality is high, low birth weights prevalent, and morbidity and malnutrition widespread, child development programmes must have a strong orientation towards health, nutrition, sanitation, and parental education, because the majority of children who do survive will continue to live in the same potentially debilitating conditions of poverty that put their lives at risk early on. The psychosocial component—often interwoven within other activities—is also critical, as the developmental perspective complements the emphasis on survival by addressing the question of how these children will live the rest of their lives.

Planning child development programmes in Nepal must also take into account the increasing stress women are under just to meet the family's subsistence needs. The demands that accompany their dual roles as nurturers and household/agricultural workers can become overwhelming. The challenge, therefore, is to develop effective programmes that *simultaneously address women's and children's intersecting needs.* Women's lack of access to education and information, as well as the pressures on their time, must be considered. Fathers, and the community as a whole, also need to be involved; education and information should not be directed only at mothers.

Looking at the broader picture is also necessary. In Nepal, a lack of political commitment to early child development has been evident; this means that professional expertise in the field is extremely limited. Education below primary school falls outside the formal education system and therefore is inaccessible for most young children. The Nepal Children's Organization operates centres that provide preschool education and day care for about 4,000 children; however, these centres are situated in district headquarters and serve the needs of government officials and town residents. While many private preschools can be found in Kathmandu, Nepal's capital, there is an almost total lack of any sort of child care facilities in rural areas. Those that do exist generally have been introduced in connection with community development projects supported by donor agencies and cater to only a few thousand children nationwide. While financial support for this sector from the Government currently is unavailable, Nepal's Seventh Plan and its Basic Needs Policy stress the development of preschool programmes through community participation.

Taking Action

The early childhood programme described in this section was developed as an integral part of the Production Credit for Rural Women (PCRW) project, a UNICEF-supported initiative. The design of the PCRW project was based on knowledge gathered from the reports on the Status of Women in Nepal (Centre for Women and Development, 1989), which surveyed Nepal's various ethnic, cultural, and geographic groups. These reports confirmed several assumptions that designers of women in development projects worldwide have used as the basis for their implementation strategies. The reports emphasized both the tremendous work pressures faced by women all over rural Nepal and the significant positive impact earning an income has on both a woman's status (her increased say in family decisions) and her family's standard of living, particularly the health, nutritional, and educational status of her children.

Administered by the Women's Development Section (WDS) of the Ministry of Panchayat and Local Development (MPLD), the PCRW project provides support for a range of interrelated credit and community development activities carried out by village women. The PCRW project document reflects UNICEF's basic services strategy: The child is set within the context of his or her community, and the emphasis is on working towards social and environmental changes within the community that will benefit the community at large and thereby enhance children's overall health and development.

PCRW field staff working in the project's credit component help low-income rural women to take advantage of credit schemes, available through national banking institutions, for agricultural production, cottage industries, and services. These are the types of activities

women are already engaging in, and therefore they are most suitable for income generation activities. In the community development component, groups of women are given the opportunity to participate in the definition of problems and the search for solutions. The activities undertaken vary from site to site according to perceived needs and available resources.

Besides having their own intrinsic merits, the economic and community development components of the project strengthen each other. A woman's ability to take full advantage of possibilities for economic activity may depend on services provided through community development efforts. As the focus has been on women's needs, community development efforts have emphasized projects that reduce the time required for a woman to complete her daily chores—for example, providing water near the village, constructing a mill for processing oil and grains, or establishing child care facilities. As such, these community development activities enhance women's potential to participate in economic activities. Equally important, they are services that promote sanitation, nutrition, and the healthy development of children. Drinking water systems, for example, will tend to provide cleaner and more accessible water; hence, they have a beneficial effect on everyone's health, especially the health of children prone to water-borne diseases.

In the original project design, planners envisioned child care arrangements as one small component of PCRW's community development approach. Although benefits to children were included in the initial conceptualization, the main concern was to free up women's time so they would be better able to engage in income generation activities. But demand for child care increased as field workers and communities more and more frequently identified this service as a priority, and soon child care had become a vital facet of PCRW's programme of interrelated activities.

Experience has shown that while child development efforts that are part of broader community development initiatives are better able to benefit from multisectoral support and the cooperation of the community, actually involving parents and establishing genuinely community-based participatory programmes are long and complex tasks. Further, the ability of communities—themselves often on the edge of the cash economy—to take over the operating costs of formal child care centres has been problematic. Since the move towards self-sufficiency is slow, outside resources continue to be required to operate these centres and therefore cannot be freed up to start new child care initiatives. Thus, this important intervention continues to directly benefit only a limited number of children. The project planners realized that centre-based arrangements alone cannot provide adequate coverage, as they are unable to address the wide spectrum of needs for early child care and education.

With this reality in mind, UNICEF prepared a discussion paper outlining various complementary programming possibilities and emphasizing low-cost strategies firmly based in the community and able to reach greater numbers of children. In determining approaches that would best respond to the needs of women and children in rural Nepal, the following strategies were considered:

- Home-based programmes to be run by the mothers themselves on a rotational basis for children from birth to age three;
- Community-based child care centres for children three to six years of age;

- Parent education classes, based at child care centres and community centres, covering subjects such as prenatal care and concerns pertaining to school-aged children;

- A Child-to-Child programme that would strengthen older children's abilities to promote the health, welfare, and development of younger children.

These goals and approaches were then discussed with the WDS. Working together, UNICEF and WDS developed a programme with a focus on helping mothers be more productive with their time while, at the same time, improving the quality of care their children were receiving. In the child care programme, particular emphasis was placed on raising standards of health and cleanliness and on strengthening the ability of the mothers to support and sustain their children's overall development.

The main goal informing the programme was to strengthen the resources available within families and communities and to enhance the abilities of these families and communities to create and sustain the social, cultural, and environmental conditions that support survival and encourage optimal physical, intellectual, and social development of children.

Specific programme objectives include the following:

- Mobilizing local communities in support of early child development activities that address the needs of both women and children, in particular through direct centre-based delivery of child care for young children and education programmes built on community participation, and the education, training, and support of parents and other family members;

- Strengthening the institutional capacity and programme infrastructure of WDS to ensure that child survival and development issues receive adequate attention and effective support for implementation.

Implementation

Entry Point—the home-based programme

This programme is referred to in Nepali as *praveshdwar*, which translates as the "entry point," or first door, into a big, important place. This home-based programme focusses on children aged one to three and is built upon a solid base of community participation. These are informal arrangements in which mothers look after children on a rotational basis. The objectives include the following:

- Establishing groups that offer safe and stimulating environments for children and provide mothers with more time to take part in income generation and other activities;

- Improving mothers' knowledge and skills in the areas of health, nutrition, and hygiene and encouraging them to use these skills both within the programme and at home;

- Strengthening the interaction between mothers and their children to support the children's optimal physical, intellectual, social, and emotional development;
- Increasing women's self-confidence and helping them develop their capacity to adopt new roles.

Because of the mother's central role in the family, this approach concentrates on the mother and begins in the village home. Mothers who want to participate in the programme form a group (usually made up of six mothers) because, as with other PCRW activities, the group is the focal point for action. Before training is provided, the community must have arranged for a programme site that includes a latrine and a kitchen. In some places, the community has given a room to the programme; in others, particularly in the *terai*, where cold is not a problem, the community has constructed a small shelter. But in most instances, the mothers run the programme on a rotational basis in their own homes (although often, if one of the mothers has a room that is not used much, she will offer this to the programme). The groups meet weekly to ensure that the programme is running smoothly. Each group establishes a schedule according to its own needs.

The programme supplies a basic kit of materials, in a tin trunk, to each group. The kit contains cooking utensils, plates, cups, a bucket, a jug, personal hygiene materials, a rug, two dolls, three puppets, a ball, and a drum. Besides the basic kit, a play material kit containing materials that help introduce specific concepts—such as shapes, colours, body parts, and domestic animals—is supplied. Nine different kits are presently available, so neighbouring groups periodically exchange kits, in this way exposing the children to a variety of toys and play materials. A variety of bamboo toys made by the fathers are also used.

As almost all the mothers are illiterate, a pictorial chart is used to indicate the daily schedule of activities. Children engage in individual play activities that teach a range of skills and concepts, and they play simple, creative, noncompetitive games. A strong emphasis is placed on personal hygiene and use of the latrine. Each day mothers contribute food to provide a nutritious meal.

> *Sri Maya lives in the middle hills of Nepal. She arranges some nesting cups, a graded "stacking on a stick" toy almost two feet high, rings on sticks, circle puzzles, a colour matching toy, and a variety of shakers and rattles on a blanket on the floor. These bamboo toys were all made by fathers from the village over two years ago during a four-day training workshop. Sri Maya makes a mental note to ask her husband to make two replacement pieces for one of the toys.*
>
> *Suddenly, Sri Maya hears her two children laughing and chattering outside. They have been helping her by arranging old corncobs that will be used in a game in the space in front of the house. Now the other children have started to arrive with their mothers, and they are wondering what game they will play. Sri Maya gestures a formal* namaste *and then takes each of the five children in turn from their mothers' arms and gives them hugs. She discusses the weather for a moment with the women—they may be a little late coming to collect the children today. It looks as if the rains may be coming soon, and it is vitally important that the planting be done. This is no problem—one of the joys of the mothers' running the group themselves is the flexibility it gives them. The women leave, and Sri Maya starts the day by helping the children wash their hands and faces*

and comb their hair while they all sing a song to go along with the actions. She then gets the children settled down to play with bamboo toys they select themselves.

Sri Maya then takes the group outside, and they play a new game in which they dance around while Sri Maya plays a madal *(drum). When she stops, they have to pick up as many corncobs as they can and place them in a big cane hoop. It takes them quite a while to get the idea, and Sri Maya's four-year-old son has to help the two-year-olds.*

The pattern of activities is similar to that of the programme's child care centres—the children progress through a series of short activities—but the routine is appropriate to the interests and abilities of the one-to-three age group. A careful balance of very active games involving large movements and quieter activities building concentration and motor control is evident.

Especially noteworthy is the way Sri Maya interacts constantly with either the whole group or individual children. Even while preparing their lunch, she is talking with them—discussing the pegboard one has just completed, commiserating with the "mother" who has a sick dolly, suggesting where someone else might look for the ball. And so the day progresses through games and stories and songs—Sri Maya is always available to lead the exploration, join in the laughter, and wipe away the occasional tear and spill.

Women from neighbouring groups occasionally come together to share ideas, and Sri Maya and others in her group have already started to spread the word about the Entry Point programme in neighbouring villages. A number of new groups have started up as a result. Once the planting is completed, they plan to go further afield with their message. In this way, the programme expands: woman-to-woman, group-to-group, village-to-village.

Benefits to children are not limited only to those who participate in the group. The quality of interaction between the mother and all of her children changes through her increased knowledge and confidence in her new role. Through this programme, mothers find that although they spend one day a week looking after a group of children, they actually have more time to engage in other activities, including income generation.

"I used to think this programme would interfere with my work, but Naresh doesn't seem to get sick like he used to. I used to always be having to spend time at home because I was too concerned to leave him, he got so ill. Before, even when he was well, I used to worry about getting back to the house in the middle of the day to make sure everything was OK, and my fields are so far away, it took me 1 1/2 hours. And Sumita is so happy because she has been able to go to school instead of caring for him all day."

Moreover, by working cooperatively over an extended period of time, the mothers learn basic management skills and increase their sense of group responsibility. The skills and confidence gained can then be carried over into other community development and income-generating projects. And this can be a two-way process: Sometimes income generation groups end up starting home-based child care programmes themselves.

As of May 1989, 54 groups were operating in 11 districts of Nepal, and 50 previously established credit groups were making preparations to start child care programmes.

Child care centres

Child care centres provide services for groups of 25 to 35 children aged three to six years old. Currently, approximately 82 child care centres serve some 1,900 children scattered through Nepal's 75 districts. The goals of the child care centres are:

- To provide quality child care in a safe, clean place while parents work;
- To improve the nutrition and health of underprivileged children;
- To provide a stimulating learning environment that will optimize children's development and enable them to make better use of the educational experiences offered in Grade One;
- To establish a "school going" habit in young children;
- To free older sisters from child care duties so they can attend school;
- To serve as models of good child care practices for parents.

Under the guidance of a child care management committee, two women—a teacher and an assistant known as a *sevika*—run each centre; the women are selected from the community and participate in a one-month practical training course. The teacher and her assistant create a rich play environment from materials freely available in the rural areas.

The daily schedule of each child care centre is carefully designed to offer a wide range of activities aimed at optimizing children's motor, cognitive, language, and social development skills. Examples of activities include construction, sorting, creative and imaginative play, movement, cooperative games, nature observation, experimentation, and pre-math games.

> *Once most of the children have arrived, the teacher, Man Kumari, takes them outside for a moment. Today, they each have a cloth strip about two feet long. Within moments, the children are absorbed in following Man Kumari in an exuberant game in which the cloth strip is stretched up above a child's head, disappears into a ball, is passed to a friend between the child's legs, is twisted round and round, is tiptoed along, and so forth.*
>
> *After ten minutes or so of intense activity, the children, laughing and chatting, go back inside. They sit down quietly, and the attendance register is taken. Next comes a series of question-and-answer songs that deal with topics such as the weather, days of the week, festivals, etc.*
>
> *Each day there is a theme, although sometimes one topic may carry over for several days. Today, Man Kumari has a small basket covered with a cloth. "What do you think is in here?" she asks the children. Twenty-six children offer almost as many suggestions and strain to see. "Well, listen," she says. "Be very*

quiet, and maybe you will hear what is inside." As complete silence (except for the sevika *chopping vegetables outside) descends on the room, a little "cheep cheep" is heard. "A bird!" someone cries. Eventually the children establish that the basket contains five newly hatched chicks, and a lively discussion ensues as the chicks are carefully examined and touched. Almost all the children have something to tell about their own experiences with baby chicks, and Man Kumari skillfully encourages those who are at first reticent to make their own observations.*

After some time, all the children want to use the clay, and wonderful model chicks and eggs start appearing all over the place. The sevika *has also prepared two colours of paint using different clays, and some of the children are soon painting on the section of wall set aside for the children's painting (it is periodically painted over with a fresh coat of mud or clay). (Paper is a rare and expensive commodity and only available from the district headquarters, which is three hours' walk and an hour's bus ride away.)*

The children choose from a wide range of activities designed to improve their hand-eye coordination in preparation for writing and other motor skills. These activities have been set out around the room on nanglos, *the woven trays used throughout Nepal for cleaning rice and pulses. Today, there are clay beads for sorting and threading, leaves for threading, charcoal for shading some outlines on the wall, pieces of old newspaper for tearing, and a jug and tin cups for pouring.*

Community participation is indispensable to the success of these activities, and communities contribute in a number of ways—providing the land, local materials, and unskilled labour needed to construct a building to house the centre, providing mats, fuel, and food (often a seasonal contribution), and cleaning the centre.

Parent education

The parental education component of the programme has two important objectives: to strengthen parents' self-confidence, knowledge, and skills relating to their children's health and development, and to enhance the ability of parents to foster the physical, mental, social, and emotional development of young children.

Supervisors/child care centre teachers, health workers, or women from the community who have received training conduct parent education classes weekly at child care centres and community centres. At present, the training materials focus on common rural health problems because this is such a keenly felt need. The parent groups are encouraged to identify measures the community can take to prevent and deal with health problems. Some child development materials are also included. Classes are designed to be active and participatory, so they are deliberately kept small—usually around 15 people. Parents know their children better than any professional ever can, and the emphasis is on recognizing and respecting existing knowledge and practices while concurrently providing new knowledge that will facilitate changing any harmful practices. The parent education classes also contain a

functional literacy element, and the importance of this aspect should not be underestimated. For villages to be able to sign their own names on, for example, bank loans represents an enormous increase in self-dignity.

As the groups produce more child development materials, the parent's role as the child's first and most natural teacher is being further emphasized. Initial focus is on strengthening parents' verbal and nonverbal interaction with their children in everyday situations, such as breastfeeding, washing, dressing, feeding, and putting the child to sleep. Supervisors teach mothers how to use everyday tasks (sorting beans, kneading dough, cleaning rice, etc.) as opportunities for play activities and show fathers how to make simple toys that have multiple uses for their children.

Child-to-Child

Child-to-Child is an international programme, based at the Institute of Education and Child Health at the University of London, that builds on the traditional practice of older children's caring for younger ones. Within PCRW, its aims are:

- To form groups of child volunteers and provide them with information and practical skills that will enable them to enhance the health and development of younger children;
- To encourage the child volunteers to share information and knowledge with other family and community members;
- To involve child volunteers in community action to improve the village environment.

At present, this programme functions on a pilot basis in two sites, one in the schools and one with out-of-school children. As the communities where the programme operates are located far from health posts, the emphasis of the first set of activities has been on health and nutrition. Topics include immunization, construction of a latrine, ORT, scabies, eating healthy food, looking after children who are sick, etc. New activity sheets now being developed will contain, in addition to the current health/nutrition emphasis, ideas for active, fun-filled interaction with younger children.

In each case, a team of child volunteers, 10 to 15 years of age, is formed. This team meets monthly. At each meeting, the children discuss activities they have carried out during the previous month, and then a different topic is introduced. The activity-based approach is central to the Child-to-Child programme. A facilitator (a supervisor, child care centre teacher, or school teacher) works with each group, acting as a catalyst and encouraging the children to help each other and their communities. She also interacts with families, community leaders, and the health services if necessary.

Perhaps most important in terms of its potential long-term effect, however, is the emphasis on preventive rather than curative solutions to health problems. The child volunteers have been particularly successful in promotion of ORT, an important intervention not included in the school health curriculum. In addition, through these activities, the child volunteers gain a sense of increased self-esteem and confidence.

Training, Organization, and Management

Training for child care providers

Expertise in the field of early child development is, as previously mentioned, limited in Nepal. For some time, the training needs of all rural child care centres, supported by a number of agencies, were met by one individual. In 1985, UNICEF recognized that it was no longer possible for this one person, despite her indefatigable energy and capability, to handle all of the country's rapidly expanding training needs alone. Therefore, at the beginning of 1986, UNICEF supported the establishment of Seto Gurans National Child Development Services. This training and resource centre represented a considerable step forward in building up Nepal's local capacity for early child care education, training, and materials development. Seto Gurans has now assumed the lead role in meeting the training needs of the PCRW early child development programme.

Working in cooperation with WDS, Seto Gurans has developed a series of one- to four-week training modules for pre-service and refresher training for child care centre teachers and *sevikas*, as well as pre-service and refresher training for district level supervisors. Together, these modules cover all the skills needed for implementing the four child care strategies described above.

Initial training for the child care centre teachers lasts for one month. Both management and child growth and development concepts are introduced, the latter in a very practical form that can subsequently be used with the children. Considerable attention focusses on the play equipment the teachers will need in their work. Activity sheets used in the training can be used later when the teachers introduce each topic in their classes. Trainees in the parent education and Child-to-Child programmes participate in discussions, role play, drama, and demonstrations.

Training for the home-based programme takes place on-site and lasts for four days. The training approach was originally developed in a small village through discussions and activities of WDS field staff and groups of village women. Since then, it has continually been modified in response to field needs. In addition to general child development themes, components include a focus on health, habits of hygiene (which are especially important in an area where 95 percent of the population do not have access to latrines), and nutrition. In the nutrition component, mothers learn basic elements of both nutrition and growth monitoring. They prepare nutritious meals using only locally grown food.

While the mothers attend their training course, the fathers are shown how to make the toys that will be used in the programme. These fathers construct the toys out of bamboo, a material that is readily available throughout the country. The women are then trained in how to use these toys to play a variety of games that present different skills and concepts to the children. The training emphasizes the importance of the mothers' roles as "teachers" and aims to build up the women's confidence in their ability to manage and run the programme. While practical arrangements are discussed during the training, the women themselves will make the day-to-day decisions involved in running the programme.

All Seto Gurans training is participatory and strongly activity-based. Most of the rural women participating in the training have never experienced most of the activities they will use with the children, so following discussions about each topic, most of the training time is

spent actually playing games and trying out all the play equipment. Virtually all of the mothers in the Entry Point programme are illiterate, so a good deal of time is spent on how to use the picture inventory in the basic kit and the daily schedule. In the beginning, the mothers, child care teachers, and *sevikas* are often shy and reticent, but it never takes long before everyone is laughing and joining in the games.

> *"Whatever I do, do it with me!" calls the trainer as everyone takes a small piece of jute rope. "Hold your rope in both hands, over your head, behind your neck, swirl it around over your head ... find a friend, lead your friend wherever you want ... make a tail ... all together in a circle ... join your pieces together in a line ... jump over starting here ... OK, now let's make some patterns. ..."*

And so it goes until all the trainees are taking turns leading each other in the games. The movement games always seem to be the favourites, so they are used to present most of the subject areas. For instance, the nutrition component of the child care centre training starts with group discussion about the availability of different foods in everyone's home area. The women then compare different practices, and many of them have an impressive store of knowledge to build on.

When the discussion turns to balanced diet, the fun really begins. Trainees wear cards indicating that they are a members of either the grain family, the pulse family, or a green vegetable. They run around to the rhythm of a drum and, when the music stops, find two partners to make a balanced meal. Time is also spent more quietly, sorting food into different groups and preparing *sarbotham pitto*, a nutritious flour made from a combination of grains and pulses. The trainees always remember these games and use them, or adaptations of them, with the children.

During the one-month training course for child care centre staff, the women are supposed to leave their children at home. However, at least five or six infants who are still breastfeeding or children who are unwell and cannot be left at home are usually present during these sessions. When a woman is living alone and has no one to look after her children, she brings them along. In marked contrast to almost all other training programmes in Nepal (even those that supposedly serve the needs of women and children), Seto Gurans believes it is important that women who need to bring their children still be accommodated in the training programme. This has always been done successfully, although it sometimes puts an extra burden on the training staff. Still, they have no doubts that it is a correct policy decision.

During the four-day training for the home-based programme, children are with their mothers from the beginning, learning to play with the toys at the same time their mothers learn how they are to be used. Towards the end of the training period, the mothers withdraw one by one from the group until the children are left with just one mother. The others then observe their children and discuss with the trainer what is taking place. This process is repeated until all the mothers have had a chance to be left "in charge" of the children.

Throughout the training, the mothers are involved in making up words to songs and deciding how they want to organize the daily schedule. They are surprised that their opinions are not only invited but actually used. That it really is *their* programme is very evident to

anyone observing one of these training sessions. It is almost possible to feel the group grow in strength and dignity while, at the same time, they fall over themselves laughing as they try out some of the games.

Field staff training

Training for both central and field staff is an important part of capacity building. At this point, perhaps the most important part of Seto Gurans' role is building the capability of WDS to conduct its own training. While this takes time, especially in a situation where supervisors themselves often have limited education, progress is steady. For example, in the field training for the home-based programme, Seto Gurans' staff work hand-in-hand with WDS supervisors, a number of whom are now able to conduct training sessions on their own.

As with other PCRW activities, the group is the key. Before any training is provided, a great deal of time is invested in the group formation process. One of the great strengths of PCRW's field staff training is the attention given to respecting, building rapport with, and motivating village women. This has become the indispensable base for all PCRW village-level training.

The field worker has the vital role of initially mobilizing groups within villages. Then, once the programme is established, her continued support, supervision, and ability to provide further training are, perhaps, the most important factor in the long-term success of the programme. Women Development Assistants (WDAs) have been trained to fulfill this role. Initially, they were trained only to provide support to the child care centres, but, as the early child care and education component expanded the range of its activities, refresher training was provided to give them the skills to work with the other programmes as well. The role of WDAs in support of parent education classes is very important. In the beginning, they may have to support the facilitator in forming a group, making practical arrangements, and creating a participatory atmosphere. But it is perhaps with the home-based groups that their role is most critical. One of the reasons for the success of the home-based programme is that after the training, no further financial assistance is needed to keep the programme running. The trained mothers are able to do it themselves. But while outside financial support is not necessary, moral support, new ideas to sustain enthusiasm, and help with practical problem solving is indispensable.

Supervision, support, and follow-up

The Women in Development Section (WDS), which administers the PCRW project, functions within the Ministry of Panchayat and Local Development's Planning, Integration, and Women in Development Division. Headed by an extraordinarily committed, capable, and charismatic chief, WDS is divided into two major groups: (1) field staff, who facilitate the design and implementation of economic activities and community development projects, and (2) central staff, who provide the technical, logistic, and administrative support required for field work.

The director of the early childhood programme has a clear vision of the interrelated nature of women's and children's needs. She also has exceptional technical, management, and communication skills, but since WDS is chronically short of staff, she has a whole range of commitments in addition to the early childhood programme.

A new cadre of women government officers, the Women Development Officers (WDOs) have filled WDS field staff positions. WDOs and their assistants act as facilitators to help local women develop viable income generation and community development projects. Organized at the district level, WDOs work under the supervision of the local development officer, who coordinates development activities in the district.

The PCRW project is a decentralized endeavour. Each WDO supervises a group of WDAs, who are playing an increasingly important role as PCRW expands. This shift is essential, as the WDOs will, in time, assume responsibility for women's activities throughout their districts, while the WDAs will be left as the sole facilitators at the local level. Therefore, the focus is on upgrading WDAs' skills in forming groups and improving their ability to tap local resources. In addition, training WDAs in basic technical skills that directly relate to credit and community development is receiving more emphasis. It is hoped that this will enable them to help their communities make more effective use of resources available from relevant service agencies and to increase local self-sufficiency. In the early childhood programme, WDAs are beginning to take an active role in training, as well as in supervision and support.

The management of the early child care activities is highly participatory. The management committee of the child care centres consists of a WDO, a health worker, village leaders, mothers, teachers, and other interested persons from the community. The committee is responsible for the day-to-day operation of the centre and is also involved in helping to organize and support the parent education and Child-to-Child activities. The mothers themselves manage and run the home-based programme.

With support from Seto Gurans, WDS field staff provide supervision, assistance, and follow-up. The district-level supervision system has become progressively stronger as the programme has expanded. Originally, Seto Gurans took responsibility for most supervision and support activities. However, early on, the critical importance for programme growth and sustainability of institutionalizing this process firmly within the WDS was recognized.

Traditionally, WDAs have played multiple roles in a range of credit and community development activities. But with the expansion of many of these components, they are now beginning to specialize in particular fields, such as early childhood education. In practice, however, because of the multiple demands of the project (due in the main to its success), WDAs are often required to spend large amounts of time on other PCRW activities. While this is understandable, as the project expands, so does the need for specifically trained staff with well-defined responsibilities. The need to be clear about the role of WDAs and to support them in that role is obvious. Here, the Women Development Officer is absolutely critical, as time and again, her commitment, enthusiasm, capability, and support appear to be key elements in programme success.

Monitoring and evaluation

Monitoring and evaluation have been integral parts of PCRW since its inception. Monitoring the progress of credit and community development efforts and evaluating impact of the efforts on beneficiaries have been basic activities. However, as originally designed, the monitoring and evaluation components did not really contribute effective programme management, so the system is continually being modified to strengthen communication between the field and central office and to bolster the ability of the central office to respond to needs in the field.

Thus far, monitoring of the early childhood education (ECE) component has been largely dependent on supervision forms completed by the ECE supervisors each month. These forms provide basic information regarding the condition of the children, the environment, regular activities, contributions of parents and the community, and any problems noted. Information on programme performance is also obtained from local field staff and by means of field trips by WDS/Seto Gurans and UNICEF staff. The main problem has been the lack of regular and prompt analysis of reports from the field to identify emerging problems or positive trends. Lack of feedback to the field has been another ongoing problem.

Programme strengths

The early childhood programme has a number of notable strengths, all of which are closely linked. These strengths relate to the way programme goals and activities have evolved as family- and community-based approaches to meeting people's needs. Activities do not centre on rigid, externally imposed prescripts, but rather exhibit a built-in flexibility that allows families and communities to take the lead role in deciding how they want things to run. The planning process starts with village women and is responsive to their perceived needs. Planning, management, supervision, and support are all highly decentralized.

A second strength is that the multi-faceted child development efforts have been integrated within broader community development and economic activities. This, too, has had a positive impact on community participation. Moreover, the complex relationships between women's work, credit opportunities, and early child care and development programmes have been recognized. Often programmes tend to focus exclusively either on enhancing women's economic status *or* on young children's needs.

Recognition of the crucial importance of the group process has been another strength. Forming groups around common purposes, such as obtaining credit or starting a home-based programme, is critical to building women's confidence in their own abilities to improve their lives. The mutual support that women thereby provide to each other has many implications for improving their children's well-being as well.

It is this principle of building on the strengths of women, families, and communities, rather than using a "deficit model," that is so important. And their strengths are many: for example, strong family-child and community-child bonds and a collective orientation encouraging self-control, sharing, and cooperation.

This recognition of strengths is also central to the development of a training programme that emphasizes respect for what people already know and do and builds confidence. Training curriculum and programme materials are all highly relevant, attractive, practical, and well matched to the educational levels of the trainees. Recognition of the interactive effects between health, nutrition, and stimulation is implicit in the design of the curriculum, and this integrated approach is evident throughout all aspects of the early child care and development programme.

The range of innovative options the programme offers is another strength, with attention given to the development of an overall strategy with complementary goals and target groups. These include (1) direct attention to the child, including younger children in the one-to-three age groups, where interventions can be so effective; (2) support and education of caregivers; (3) strengthening community organization; and (4) improving conditions in the villages. Moreover, the development of the programme has been intimately linked with the establishment of Seto Gurans, a highly innovative and effective training and resource centre devoted to the promotion of early child development programmes.

Collaboration among a number of agencies at different levels has contributed to the success of the ECE programme. Collaboration among WDS, UNICEF, and Seto Gurans has been important at all levels. UNICEF has provided both financial and practical support and has played an important role in supporting conceptualization and development of alternative, complementary approaches. Seto Gurans has provided vital technical assistance and support for development of training, materials, and supervision systems. At the district level, links with government health services and with the community health component of PCRW have been emphasized.

Obstacles to optimal programme implementation

In Nepal, where populations are dispersed, the terrain is difficult, and few motorable roads exist, inherent and imposing difficulties in communication are apparent. Inaccessibility places severe constraints on efforts to reach out to the children of Nepal and reinforces the need for strengthening the decentralized supervision system.

As the number of villages served and the range of activities offered by PCRW expand, PCRW finds itself on the threshold of a transformation of its organizational structure, which now demands more formally defined areas of responsibility and more clearly stated definitions of tasks. This is already beginning to happen, but the formal identification of specific early child care and development posts within WDS, at both the field and the central levels, would greatly strengthen the programme; increased staff time would allow for increased coverage that could reach many more children. The creation of a child development officer post under the WDS director would greatly strengthen the project's ability to respond to needs in the field. However, given the severe staffing constraints, other central staff members should also be trained so they can effectively provide follow-up for this and other programmes while in the field. Also, the monitoring and evaluation components need to be revised in order to make them truly responsive to field needs. Feedback mechanisms, which do not at present exist, should be incorporated.

Another major constraint is the continued dependency of the child care centres on external funding. When the centres were first developed, the community was expected to contribute to their support. However, the resources provided by UNICEF/WDS were extensive, and the guidelines specifically stated that "long term arrangements for the community to take over the running costs initially covered by WDS/UNICEF will be determined through WDS/UNICEF discussions with the child care centre managing committee." Initial plans did not systematically build sustainability into the programming process from the start. While the vital importance of helping the centres become self-sufficient has been recognized for some time, progress has been slow. This is a lesson that other agencies should bear in mind when embarking on similar efforts.

In Nepal, little collaboration exists between ministries, and the lack of an effective national referral system places severe constraints on all health, nutrition, and development programmes. However, WDS field staff have been very effective in increasing village women's access to services wherever these are available.

While the limited early child development (ECD) technical expertise within Nepal is noteworthy in this context, any consideration of constraints cannot ignore the barriers to optimal child development that exist within families themselves. Many of these barriers result from socioeconomic conditions, as noted above. It may be worth adding that traditional child-rearing practices can sometimes conflict with the child-centred approach, which recognizes the child's needs for play and exploration.

Effects on Women, Children, and Community

Informal and anecdotal evidence suggests that the Entry Point programme is making a significant positive impact. In the Nepali language, two words meaning inner and outer are used to describe invisible and visible effects and are more apt, in this context, than the English. While these inner effects may not be quantifiable, they are clearly evident in mothers, children, and field workers. For example, the increased self-confidence of the rural women involved in the programme, and their delight in it, is clear in their attitudes and conversation. The field workers and Seto Gurans staff quite rightly point to the inner effects as their chief accomplishments.

Time and again, one sees the contrast between the children attending a child care centre or a home-based programme and children from a neighbouring village where no early childhood activities are operating. This contrast is evident in terms of the children's general appearance, their health and nutritional status, and, equally important, their responsiveness, interactions, and interest in exploring their surroundings. As one supervisor said, "There is a difference." The spark is strong. There is hope and happiness. As a three-year-old in a home-based programme put it, "It's fun. My mother knows how to play all these games."

The potential of early child care and education programmes to free up mothers' time is an obvious and important benefit to women. The Chief of the Nutrition and Child Care section of WDS reports that, when visiting the day care centres and Entry Point groups, she repeatedly hears the comment, "We are mentally free now." She believes that the opportu-

nities for parent education built into the programme have definitely changed behaviour. For instance, in many parts of Nepal, there is a strong belief that if a severely malnourished child touches another child, the latter will become malnourished also. Similarly, many people believe that fruit causes coughing in children. However, through discussion and improved access to information, beliefs like these are changing. For example, in a recent informal survey conducted by WDS, every mother interviewed was using ORT. As the Chief notes, "Sometimes the mix might not be perfect, but the principle of preventing dehydration is here to stay."

She also notes that "the impact of the programme on children's health, nutrition, and school performance is striking." Recent reports from WDOs in the Kotari, Sivangunj, and Tharpu districts report that all their child care centre children are going on to the elementary school, and these children are from villages where previously fewer than a third of all children attended school. Moreover, comments Sulochana, the WDO from Tharpu, "They are more active, more exploratory, more social, their language skills are much better than the other children's." In addition, as Mikana K.C., one of the most experienced supervisors, points out, "Children who have participated in an Entry Point programme or a child care centre don't drop out or have to repeat classes like the other children do."

Within the home-based programme, it is also clear that the mothers' active involvement in running the programme has been just as important to their self-development as other PCRW activities. As their confidence increases in their new roles as "teachers," some begin to assume leadership roles in the community, and the management and organization skills they learn are useful in other activities.

For many mothers, an ever-deepening awareness of the potential of early childhood education programmes has been another benefit. Radha, a mother from Utter Pari in Surkhet, expresses this beautifully:

> *"Childhood is the initial stage of life, as the foundation is the first design of a house. The house can be strongly built only if the foundation is laid strongly. Similarly, if the child is to prosper and be strong, we must make the early childhood days good. Because life is so hard for almost everyone here, it is hard to think enough of children's health and better future, but our early childhood programmes have created new avenues. Sometimes it is hard to provide even two meals a day, but we believe we can make our children's future brighter, as someone reaching their destination with a torch in the dark. ... I think we will reach our goal taking our own steps."*

On a different level, the same is also true for field staff. Their self-confidence is a significant indicator of the success both of PCRW as a whole and, more specifically, of the early childhood component. The field staff's obvious pride in being associated with PCRW stands in patent contrast to the cynicism encountered among many other development workers. The emphasis on upgrading their technical skills and the greatly increased responsibility they are given within the early childhood programme is important to their own self-development.

Implications for the Future

Issues of programme replicability and sustainability (planning, collaboration, linkages with other programmes, costs, the mobilization of political will, etc.) that will be critical for the successful expansion of ECD programmes must be addressed. The integrated nature of the early child development programme—the "process" rather than "product" approach—makes replication more complicated than for projects focussed solely on one problem.

Low-cost programmes facilitate expansion. However, whether or not low-cost programmes that function effectively on a large scale can be developed is still an open question, and careful cost analyses are needed. The idea that community participation does not cost anything must be abandoned. Where mothers and community members are the basic service deliverers (for ECD or anything else), their training needs are considerable, and training must be a continuing affair that is combined with intensive and capable supervision. The supervisors themselves also need good professional support. For example, within the PCRW's early childhood education component, it costs approximately US$120 to establish, equip, and train one home-based group. After this, no external support is needed for the day-to-day operation of the programme. While this is an impressively low figure, it must be remembered that the programme is still small-scale and relatively new. The costs of follow-up training and support still need to be determined.

Income generation has been stressed as a primary means of achieving self-sufficiency, and it is a logical point of contact between PCRW's programming for women and for child development. Fruit tree growing and pig breeding are examples of activities that have been initiated in support of the child care centre programme in all sites. While the child care centres may continue to be major focal points of the early childhood programme, one of their most important functions eventually may be to serve as training and coordination resources for a variety of complementary early child care and education activities. For instance, parent education and Child-to-Child classes already take place at the child care centres, and the home-based programmes look to the centres for advice and support, and sometimes for materials or food. In addition, children participating in the other programmes have priority for admission to the child care centres.

Initially developed on a very small scale, the early childhood education programme is now expanding in stages, making continual adjustments as it learns from experience. The programme's first concerns were effectiveness and programme "fit." Now, perhaps, it is in the second stage, where the focus is on increasing efficiency. Modest programme expansion is slowly increasing the cadre of experienced personnel who will be available to help build an expanded organizational capacity. One of the strengths of the programme has been that its expansion to date has always been in response to the demand from families and communities. This demand, combined with decentralized organizational and management capacity, should continue to be one of the major considerations in pacing programme expansion. For the immediate future, WDS has identified the home-based programme as its main focus for expansion.

While the early child care and development component may expand substantially within PCRW sites, PCRW itself is a project dealing with the challenges of growth. The possibility for expanded collaboration and coordination should be explored. For example,

the Agricultural Development Bank's Small Farmers Development Programme has an early childhood component that could be strengthened. Other approaches include links with different international non-governmental organizations (NGOs) that are now either implementing or about to implement early child care and development activities adopted from the original PCRW model. Other possibilities include cooperation with the Nepal Children's Organization to expand coverage in rural areas. With its focus on low-cost alternative strategies, Seto Gurans, while still very small, has an important role to play in expanding the country's resources for training and support, as well as promoting awareness of early childhood programmes. UNICEF's initiatives and responsibility to promote links between small but effective NGOs and larger governmental and non-governmental organizations is also critical to building up early childhood development programming.

A new interest in preschool programmes within the Ministry of Education as a means of decreasing under-age enrolments, repeat rates, and drop-outs in elementary school is evident. Early child care and education programmes, which incorporate health, nutrition, and stimulation elements, can play an important role in preparing children for school. The drop-out and repeat figures also point to the urgent need for the improvement in the quality of primary education in terms of the relevance of the curriculum, teaching methods, etc. Here, too, it is important to avoid using a "deficit model" when looking at children from disadvantaged environments. It is perhaps more useful to view the situation as one in which children learn a different set of skills—skills more related to adult work and values of collectivity that, while functional in their own environment, may not be valued by the school system. There is now interest within the Ministry in developing training modules and activity-based curriculum materials that will be tried out on a pilot basis in selected schools.

Other opportunities include inputs into materials produced by the Ministry of Adult Education for out-of-school girls. While much relevant material is already included, little content specifically concerned with early childhood education has been incorporated to date.

The early childhood component's institutional memory is, at present, housed in the minds of individuals involved in its implementation, and an evaluation may now be timely. The process of evaluation would provide an opportunity to record different aspects of implementation and to look carefully at some of the key questions, such as the links between the formation of home-based groups and credit groups and participation in other community development activities; the links between girls' participation in ECE programmes and their enrolment and performance in school; and the impact of ECE on children's nutritional status.

Lessons Learned

With so much variation in the way early childhood and development programmes are planned and implemented, it is worth considering some of the factors that appear to be critical in the success of ECD programming in the context of a country like Nepal.

- Parents, and the community as a whole, must be involved if programmes are to become self-sustaining and result in permanent changes in environmental and social conditions. Even those programmes aimed specifically at the child (such as child care centres) must include parental education components that stress the development of knowledge and skills, as well as changes in attitudes and behaviour.

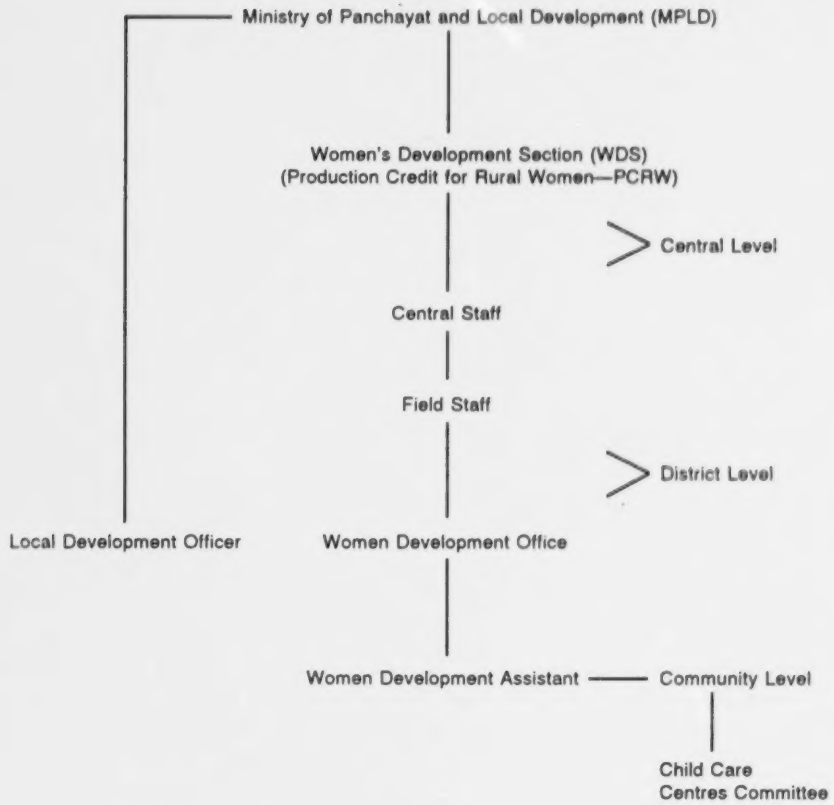
- The importance of the group process should be emphasized. It is the dynamic, cohesive action of a group (particularly of women), able to articulate its needs and act together, that will generate relevant, practical solutions to problems. The potential power of rural women, coming together in groups to improve their own and their children's lives, is just beginning to be felt. Development projects like these view women not as recipients, but as equal contributors in the overall development process. As one site report states, "The most invisible changes (i.e., attitudes) might turn out to be the most important ones as they lay the foundations for participation of women in the development process and for the development of conditions within the community supporting the survival and optimal development of children."

- In terms of both materials and concepts, the "technology" must be appropriate and the programme must offer a good training programme properly matched to the education and skill level of the participants. Perhaps the key here is how the training materials are used and how back-up support is provided. For community-based early child development programmes to be successful, the focus must be on developing practical, common-sense problem-solving skills. Teaching needs to be learner-centred, recognizing and respecting what people know and have already achieved, and then building on this foundation. The training must encourage self-confidence among the people in the child's immediate environment. These people become confident in their own abilities to stimulate and support their children's development.

- Recognizing and tackling issues related to expansion and sustainability early on is vital to the success of early child development programmes. To be successful, any project with a highly decentralized staff structure must be prepared to devote a significant portion of its budget and management time to training field staff. To achieve success in more than a few pilot projects, a community-based ECD approach requires a commitment, particularly in the early days, to building up technical expertise and to making skilled personnel available to supervise, encourage, and advise field staff.

- The strengthening of institutions devoted to early child development is a priority. In this context, the need to foster political action—to place child development high on the national agenda—is also critically important. It is possible to accomplish a great deal; what is needed is the determination to deliver. Here, it is important to keep in mind that early child development is not a *product* but a *process* in which families, communities, field workers, professionals, and planners all work together in partnership.

Organization and Management



Ecuador

Community-based Child Care Programmes in an Urban Setting

ECUADOR: COMMUNITY-BASED CHILD CARE PROGRAMMES IN AN URBAN SETTING

Background

Located on the Pacific coast of South America between Colombia to the north and Peru to the south, Ecuador is the third smallest nation in Latin America. It possess a wide variety of terrains: eastern jungle, central highlands (where the capital city of Quito is located), and coastal plain (site of the second largest city, Guayaquil). Ecuador's population of 10 million is made up of an ethnic mixture of people of Indian, Spanish, African, and European descent. A small Asian population also lives in Ecuador.

Between 1950 and 1980, as the urban population increased from 29 percent to 44 percent, a profound change took place in Ecuador. Since 1972, the oil boom and state appropriation of oil revenues have brought rapid growth to the urban sector as foreign exchange earnings made possible expansion of modern industry and increased public expenditures in urban areas. The result has been a major "pull" factor encouraging migration to metropolitan areas, which, along with concomitant "push" factors (such as persistent rural poverty and inequality), has increased the relative attractiveness of cities. Urban and economic development in Ecuador today is, to a large extent, the story of two major cities: Quito and Guayaquil.

Guayaquil

Located on the shores of the Guayas River, which flows into the Pacific Ocean, Guayaquil is Ecuador's most important port. Guayaquil has grown from 260,000 inhabitants in 1950 to 894,000 in 1974, to 1,509,108 in 1986, and to 2,750,976 in 1989, as estimated by the National Institute of Statistics and Censuses.

Large-scale migration to Guayaquil has resulted in the growth of marginal slums and squatter settlements, known locally as *suburbios*. The three largest slums—Suburbio Oeste, Mapasingue, and Guasmo Sur—are basically illegal squatter settlements where extremely poor living conditions are exacerbated by insufficient employment and income opportunities,

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substandard housing, and inadequate access to social infrastructure. Guayaquil also has a lot of people living in the so-called *tugurios*—the run-down older parts of town. *Suburbios* and *tugurios* are estimated to account for some 50 percent of Guayaquil's total population.

Looking at the balance between male and female migrants to the urban areas of Ecuador, it appears that urban Ecuador has a higher percentage of women than of men, and Guayaquil is no exception. About 53 percent of the city's population are under 20 years of age and largely dependent upon people employed in remunerative jobs.

In Guayaquil, underemployment is a serious problem, affecting 15 percent of the population. Of those who are working, 26 percent earn less than the general urban minimum wage. Around 44 percent of the economically active population are without education and situated in the lowest income category. Today, the cost of basic staple foods required to feed an average family is more than the minimum monthly wage established by the Government. When other necessary costs, such as for transportation and drinking water (which, in marginal areas, must be purchased from tank trucks), are added, little is left for clothing and other needs.

Approximately 46 percent of the population of Guayaquil are employed in the informal sector, mostly in the service sector (retail trade and small-scale manufacturing). The male-female ratio in the informal sector is about the same as in the economically active urban population overall: one-third women, two-thirds men. The most important problems faced by workers in the informal sector are insecurity and lack of credit. Many have no fixed work place and move around constantly.

Suburbio Guasmo Sur

One of Guayaquil's large slum areas, Guasmo Sur covers an area of approximately 800 city blocks. In 1983, the National Institute of Children and Families (INNFA), a private organization headed by the wife of Ecuador's president, with technical and financial support from UNICEF, conducted an Inventory of Existing Productive Activities and Community Organizations. The Inventory tabulated a total population of 40,539 inhabitants for the area. The average number of persons per household was 5.5; the female population between 15 and 65 years totalled 9,142, or 27 percent.

The Inventory established that 13 percent of the economically active male population are employed—23 percent of those employed work as labourers, and 27 percent work in the service sector. Employment for this group is relatively stable. In addition, 20 percent are small vendors and day-labourers, and seven percent work on an occasional basis. The last two groups have no fixed income, social benefits, or legal protection.

Many grassroots organizations are active in the *suburbios*. Most are housing pre-cooperatives, whose fundamental purpose is to legalize land-holding. Once this goal has been attained, the cooperatives often cease to function. At the time of the Inventory, 24 such organizations were active in Guasmo Sur. Another type of grassroots organization is the neighbourhood committee, whose objectives are to improve, physically and socially, the area in which members live. There are also numerous political committees—29 at the time of the census—with a lifetime averaging between one month and one year. These committees, obviously, become much more active around election time.

At the time of the census, only 25 percent of all grassroots organizations in Guasmo Sur were led by women, and women affiliated with some type of organization totalled 2,705; 13 percent of all women participated actively, and 17 percent belonged but did not participate. Some 70 percent of women were not participating at all.

Identifying the Need

As in all the *suburbios*, women account for over half the population of Guasmo Sur. As the cost of living has risen, women have been forced to make a more significant contribution to family income, working both at home and outside. Nearly a third of working women perform income-earning activities at home, such as selling soft drinks, beer, flavoured ices, and prepared foods and laundering other people's clothing; 19 percent earn income outside their homes. Over half of this group work as domestic servants. At any one time, 16 percent of the female work force are looking for work. In addition, women head 17 percent of all Guasmo Sur households.

Women in the Guayaquil slums average six to seven pregnancies during their lives. In Suburbio Oeste, a neighbouring slum area with characteristics similar to those of Guasmo Sur, the average age at first pregnancy is approximately 18 years. The same study shows that 28 percent of mothers do not receive prenatal care and that 24 percent of mothers who do enjoy prenatal care average less than one visit every two months. The most significant causes of child mortality in Guayaquil are gastrointestinal and respiratory ailments. Children five years of age and under are the most vulnerable population group, accounting for 50 percent of total mortality.

A number of major causes of poor health are evident in the community. Hygiene and sanitation in the outlying areas of Guayaquil are inadequate. In the *suburbios*, more than 70 percent of the population obtain their water from tank trucks. The remainder use the river as their source of water. In many neighbourhoods, open spaces serve as communal toilets, and almost half the inhabitants throw their garbage directly into the river.

Temperatures in Guayaquil range from 24°C in the dry season to 34°C during the rainy season (from December to May, approximately). In El Guasmo, 64 percent of the area is partially flooded during the rainy season. Given the tropical climate of Guayaquil, this is a primary reason for the high incidence of respiratory diseases in the community. Furthermore, flooded areas provide a constant breeding place for mosquitoes.

Malnutrition is a serious health risk in the *suburbios*, where a shortage of protein intake is common. In Suburbio Oeste, 33 percent of children under six are considered malnourished (malnutrition measured according to standards of height and weight); 60 percent of the malnourished are girls, and 40 percent boys. Malnourished children are more apt than others to suffer ill effects from poor hygienic conditions and are more susceptible to diarrhoea. A critical period for young children is during weaning, when they are most susceptible to parasites and other gastrointestinal diseases.

According to information gathered in 1984 by a Guasmo Sur health promoter team, just over two percent of children in this area were under one year of age, 18 percent were one through four years of age, and 26 percent were between five and 14. The same survey

reported 398 births and 33 deaths among children in Guasmo Sur during the period June 1983-May 1984, representing a child mortality rate of 83 per 1,000 live births (England, Feirman, Moser, and Sollis, 1989).

In 1988, Caroline Moser conducted a study of local child-care practices in the India Guayas *suburbio*, an area with socioeconomic characteristics quite similar to those of Guasmo Sur. Moser (1989) reports, "Women now have less time for (domestic) responsibilities than before. Increasing pressure for women to earn an income has resulted in less time than before to dedicate to child care and domestic responsibilities. The average children per household was 4.78, indicating the number of years during which close access to the home was necessary."

Moser found that when women with young children must go out to work, they often resort to locking their children up in the house while they are away, or older daughters end up minding younger children, thus missing school.

> *"In this situation women start their day at 4:00 or 5:00 a.m., cooking food and leaving it ready for their children to eat during the day, and doing additional domestic tasks on their return. Once daughters are able to undertake cooking, as well as child care responsibilities, women do not get more rest; they work longer hours outside the home."*

In some cases, Moser found, daughters not only took on all domestic activities, "but attended community meetings on Saturdays and Sundays, thus also fulfilling their mother's community management role." The study further notes that in addition to young children's and older daughters' receiving less care, older boys suffer a detrimental effect. Unsupervised teenagers are more likely than others to drop out of school, become involved in gangs, or be tempted to use drugs. And in many cases, absence of a father in the household makes the situation even worse.

Children not fed by their mothers may also suffer from nutritional problems. Food cooked by older siblings may be inadequate, or portions earmarked for young children may be consumed by family members better able to fend for themselves.

Availability of child care services

In view of the above situation, the availability of child care services for working mothers was absolutely insignificant. A study titled "Organization and Labour Situation in Guayaquil," prepared by Marco Arteaga in 1988, states, "Within the traditional criterion of nursery service, only four government-supported units operate in Guayaquil, two of them in the traditional slum and two in the non-slum outskirts of the old town area. The total capacity is for 340 children." However, the Ecuadorean Labour Code, Article 156, stipulates, "In those permanent employer companies which have 50 or more workers, the employer shall establish at an annex or nearby the company or job centre a child care service for the workers' children, providing free of charge child care, food, locale and equipment for these services."

Another solution for working mothers would be to engage the services of private nurseries. According to Arteaga's study, in the city of Guayaquil, there are some 30 to 40 private nurseries, of which only 12 are registered with the Ministry of Social Welfare. Monthly costs range from US$20 to $60 per child, well beyond the economic capacity of the great majority of slum families.

Taking Action

The extreme poverty and difficult living conditions that affect the residents of Guayaquil's *suburbios*, especially women and children, have been a constant concern of various Ecuadorean agencies, both public and private. Beginning in 1972, the Government of Ecuador, with technical and financial support from UNICEF, formulated the Programme of Rehabilitation of the Marginal Areas of Guayaquil (PREDAM). The programme concentrated its efforts mainly on the elaboration of a comprehensive diagnosis of the living conditions of marginal urban zones. It concluded in 1976, but unfortunately, the diagnosis was never translated into action.

In 1978, UNICEF, together with the Guayaquil Municipality, called together various private and public, national and international organizations to resume discussion of the problems of the *suburbios* and to attempt to implement certain coordinated actions. In 1979, a workshop was held on "Action Strategies for Integrated Development of Suburbio Areas of Guayaquil." This resulted in the signing of the first cooperation agreements with agencies of the Ecuadorean Government, making it possible to design, implement, and begin work in two marginal areas of the city: Cisne II and Cristo del Consuelo. These actions were later extended to include the Guasmo area as well.

This was the beginning of the Project of Basic Urban Services of Guayaquil, which would later consist of four basic components: Preschool Child Care, Primary Health Care, Social Communication and Recreation, and Women's Promotion and Organization. The first component to be executed was the Programme of Preschool Child Care in 1979; this and the Social Communication Programme, which began several years later, were under the auspices of the Ministry of Social Welfare. In 1980, the Primary Health Care Programme began, under the Ministry of Health. Then, in 1983, the Programme of Women's Promotion and Organization finally began to operate under the joint aegis of two institutions: the National Office of Women and INNFA. Not all programmes were implemented in all areas.

In terms of overall objectives, the four programmes are geared towards improving living conditions for inhabitants of selected marginal urban sectors through provision of services and efficient, low-cost opportunities that incorporate community participation into the design, implementation, and evaluation phases of the projects. The programmes are of particular interest because they aim to address problems affecting residents of the marginal areas of the city through a variety of interrelated activities. For example, the need of women in the *suburbios* to earn income is addressed directly through the Women's Promotion and Organization programme, which focusses on income-generating activities, and less directly through the Programme of Integrated Care for Preschoolers, which not only provides a source of good quality, reliable child care enabling women to work, but also provides employment

as caregivers to two specific groups of women: home care mothers and high school and college-aged promoters. Likewise, the Primary Health Care Programme provides services to children involved in the preschool programme.

In this report, we focus on the Programme of Integrated Care for Preschoolers and touch only briefly on those aspects of the other project components that directly relate to issues of child care. We are concerned primarily with implementation of the child care programme in one location, the Guasmo Sur section of Guayaquil's Suburbio Guasmo.

Implementation

The Preschool Child Care Programme

The Preschool Child Care Programme (PCCP) provides three models of child care. Two are applicable to an urban setting: the Community Home for Children (HCI) and the Community Centre for Children (CCI) models. The third model, the Community Promoter, works with scattered rural populations by providing child care on a mobile basis. The first two child care models have important elements in common: a concern for incorporating families and the community and an emphasis on enhancing children's health, nutritional, and psychosocial development.

The HCI model provides care for children of working mothers within the community, in the home of a female neighbour. Children stay at the HCIs between eight and nine hours a day, five days a week. The child care provider is a person selected by the community; she and an assistant are trained by the programme. The children, generally 15 per home, range in age from three months to six years.

The CCI model offers care for a maximum of 100 children. The community provides a community centre, church, or sports club. Children from three to six years of age attend these centres five days a week, from three to four hours a day, during morning or afternoon sessions. Children are cared for by young people selected by the community and trained by the programme, who serve as community promoters.

Identification and selection of staff and participating families

In the PCCP, community promoters and caregiving mothers—i.e., those who work directly with children—are selected on the basis of criteria established by the programme and also by the community. Caregiving mothers, for example, must have experience raising children, must have a house adequate to provide good quality care to additional children, and must know how to read and write. Community promoters must be secondary school or university students and reside within the community. Their duties are considered half-time employment. Supervisors are university-level professionals with experience in child care programmes.

To participate, a family must meet basic selection criteria. It must be low-income, with the mother working or looking for work and with no other appropriate member who can take care of the children. The family must promise to comply with programme requirements.

Institutional affiliation

Administratively, the PCCP comes under the Assistant Directorate of Nonconventional Programmes, based in Guayaquil, which in turn reports to the Ministry of Social Welfare in the capital city, Quito. The programme has four technical and administrative levels:

First Level: Community promoters and caregiving mothers. These leaders are in direct contact with the children, their families, and the community, and they report to the institutional promoters in their areas.

Second Level: Institutional promoters. Each institutional promoter is responsible for supervision, follow-up, and technical support for five HCIs and five CCIs. The institutional promoter supports local staff, provides information, and reports on the nutritional, health, and psychosocial development of the children. Institutional promoters are also responsible for solving operational problems in their area.

Third Level: Area coordinators. These individuals have technical responsibility for a given socio-geographical area. For example, Guasmo Sur has one coordinator. The most important function of the area coordinators is to provide technical support for the institutional promoters.

Fourth Level: Regional and national administrative decision-making levels. The Ministry of Social Welfare has formed a National Directorate for Nonconventional PCCPs. The most important function of this organization is programme implementation, follow-up, and evaluation of preschool activities nationwide.

The Women's Promotion Programme

The Women's Promotion Programme began to function four years after the start-up of the Preschool Programme. Implemented by INNFA, this programme seeks to assist women to improve their lives through provision of information, consciousness-raising, training, expansion of productive roles, and relief of domestic burdens. It encourages women to come together to solve problems and to design, execute, and evaluate social programmes. Work is carried out through four subprogrammes: women's organization, basic staples marketing network, support for economic units, and women's job exchange (Fiallo and Luzuriaga, 1988).

In addition to organizing women within the community, the women's programme has developed a basic staples marketing network made of honest storekeepers, selected by the community, who promise to sell basic staples (rice, sugar, eggs, etc.) at fair prices in exchange for access to training and credit programmes operated by INNFA. The women's programme has also managed to establish, in cooperation with commercial banks, a loan programme for micro-entrepreneurs; and it offers training in a variety of areas, including nontraditional professions for women, such as auto mechanics and appliance repair.

Operationally, the programme is similar to the preschool programme and works with a similar cadre of community promoters, institutional promoters, and regional and national administrative levels. The women's programme also has developed its own set of operations manuals. While the programme gives priority to women, it does not necessarily exclude men.

Women belonging to one of the programme's neighbourhood organizations may be caregiving mothers or promoters within the preschool programme, or they may have worked as community health promoters. An example of the overlap between the programmes is when the women's organizations in Guasmo Sur expressed the need for more child care homes and centres. The Ministry of Social Welfare was unable to respond to this request at the time. Realizing the importance of child care to women's ability to work, INNFA went ahead and started three new homes and five new centres within the community.

Participation in the women's programme has provided women not only with access to training, credit, reasonably priced commodities, and job placement, but with a greater opportunity to participate in community affairs. Some of the women have now undertaken leadership roles within neighbourhood organizations and housing pre-cooperatives.

Educational philosophy

The educational philosophy of the PCCP is to provide children with integral care, especially with respect to their health, nutritional, and psychosocial development, while at the same time working to involve the child's family and community in the caregiving activities.

The two care modalities in use in Guasmo Sur, the community home and the children's centre, are both nonconventional and noninstitutional, as they focus on the use of community resources—that is, its human resources (mothers, young people, leaders), its physical facilities (community locales, buildings), and its economic resources (contributions from the child's family).

Schedule of day-to-day activities

In the home care programme, mothers bring their children at 7:00 a.m. to the designated neighbouring home, where they are greeted by the caregiving mother. During the day, the children participate in a variety of recreation and stimulation activities, such as painting, paper-cutting, pasting, singing, dancing, etc.

While the Primary Health Care Programme was in operation (this programme has now been discontinued), a health promoter would visit each home often to immunize the children and to check on the nutritional status of children, by using the armband gauge. Currently, the caregiver takes the children to the nearest health centre at regular intervals to obtain these preventive services.

The community homes operate according to the following schedule:

7:00-8:30	Breakfast
8:30-11:00	Stimulation activities
11:00-13:00	Snack and outdoor activities
13:00-14:00	Lunch
14:00-15:00	Nap
15:00-16:30	Stimulation activities
16:30-17:00	Snack
17:00	Parents take their children home

At the child care centres, children stay either from 8:00 to 11:30 in the morning or from 14:00 to 17:00 in the afternoon. Most of this time is spent in stimulation and recreational activities. The children are given a snack midway through their stay. They are usually divided by age groups; each promoter assumes responsibility for no more than 25 children.

The children's centres have the following schedule of activities:

8:00-8:30	Children arrive at the centre
8:30-10:30	Stimulation activities
10:30-11:00	Free play
11:30	Children return home

(The same schedule is then repeated with a second group of children in the afternoon.)

Atmosphere created by the programme

The community homes and children's centres have become a part of the life of the neighbourhoods. For example, Doña Emperatriz de Lara started working as a day care mother nine years ago and has been taking care of children in her home, uninterruptedly, ever since. Although the maximum number of children per household as defined by the programme is 15, she usually takes care of 17 or sometimes even 18 because her neighbours ask her to do so, and it is hard for her to turn them down. "This child came here three months ago skinny as a rail," says Doña Emperatriz, "and look at how plump and healthy he is now."

Everyone who lives in the area knows her and her husband, a mild-mannered tailor, and her three student daughters. Her house, which is always open to visitors, is very clean and is often remodelled or enlarged. This is an example of the degree of family intimacy offered by the community homes to children of mothers who work.

In the community centres, the atmosphere is one of constant noise and nonstop activity. The physical facilities are not designed for child care, so they tend to be a bit small. Nevertheless, they are always decorated with colourful ribbons; photos, clippings from newspapers, and small posters with notices adorn the walls. The young promoters involve all the children in the activities, using songs, poems, and body movements. A bit before noon, mothers and older sisters start arriving to pick up the children from the morning session and to observe before they leave. They talk to the promoter and say hello to other parents who have arrived. Each centre provides a social space for the children, their families, and the promoters—something like a community meeting room.

> *Anita is a young promoter who started working in the program seven years ago; she had just finished high school. She was particularly dynamic in working with children, never running out of energy. She would move all over the classroom: "Now let's sing hello visiting ladies" and "Now let's bend our head down and bring it up again."*
>
> *Little by little, Anita started helping her colleagues, showing them how to fill out the children's attendance cards, how to organize and lead meetings with the children's parents, and which exercises and songs the children liked most. Soon, she was appointed as a supervisor and formally hired by the Ministry of Social Welfare to provide technical support to the other children's promoters. She*

probably is more widely accepted than supervisors who do not come from Guasmo; the children's parents know her well and feel confident about asking her advice.

Her immediate supervisor is also satisfied because Anita has a great deal of enthusiasm for learning. She is always open to what is new, and she is a person who communicates her energy to parents' groups and to colleagues naturally and easily.

Training, Organization, and Management

Training

Providing training for all personnel participating in the PCCP is a major programme component. Different types of training are offered: entry, regular, and in-service. Initial training was done during a 120-class-hour event for community personnel. Then, every year, the programme retrains all field staff during periods that do not interfere with their child care activities. Finally, field staff regularly receive on-the-job training, as required, from the programme's technical personnel.

The training component has been one of the most important elements in the development of the programme. In order to explain this aspect, we will discuss the administrative staff and the community personnel separately. Because most of the administrative personnel come from universities (either graduates or students in their final years), the training techniques for programme officials, at both the central and the field levels, are rather formal and academic. During the programme's first years, psychologists or doctors were invited to give general talks on health, nutrition, and child development. Gradually, as the programme developed, the contents became more specific. It was then that the need for operational and content manuals to create a uniform and consistent approach to training and implementation became evident. The systematic discussion of the manuals—especially during workshops in their developmental stage—proved to be one of the most productive training techniques used.

One of the first difficulties encountered in the training of community personnel was the disparity in the levels of education. For example, most day care mothers had finished elementary school, whereas most of the young promoters hired to work at the children's centres had finished high school or were about to finish. Therefore, it was logical that these groups be trained separately, not only because of their educational differences, but also because of the differences in the kind of care they would be providing for the children. These differences were also reflected in the content of the training. For example, with the day care mothers, more emphasis was placed on child health and nutrition, since the day care mother looks after children for more than eight hours a day; the training of the promoters placed greater emphasis on stimulating the child's psychosocial development. Of course, both groups learn something about all subjects.

One part of the content that is identical for both groups is how to relate to the children's families and the community. Follow-up training is provided by bringing the day care mothers and the promoters together every six or eight weeks. In addition, periodic house calls by the supervisor of each home and centre provide good opportunities to reinforce training for individuals or smaller groups.

Content and structure of the operations manuals

By far, the most carefully elaborated products the programme has developed are the manuals for the Nonconventional Preschool Care System. Their development required the help of highly qualified technical experts in psychology, health, and nutrition. In addition, programme staff—including institutional and field promoters—were consulted individually and in groups during development of the manuals.

The 10 manuals are divided into three groups:

- The institutional manual, which explains the structure and operation of the Ministry of Social Welfare, the institution responsible for implementing the programme at the national level. It also explains the Ministry's agreement with UNICEF, as far as mutual commitments and responsibilities are concerned.

- The operational manuals, which specify how the technical officials and supervisors from the Ministry should act, as well as the working guidelines for community personnel in direct contact with the children—that is, the day care mothers, the community promoters, and the itinerant promoters (for rural areas where the population is scattered).

  This set of four manuals describes the information system that is to be used by both Ministry officials and community personnel to carry out their work, indicating whom they should report to, how they should report, how often, etc.

- Finally, five content manuals to be consulted by both officials and community personnel cover subjects such as children's health, nutrition, and psychological development.

  Three out of the five content manuals make up the stimulation guide, which describes the stages of psychosocial development of a child from birth to six years of age. The guide also includes suggestions for developing support materials to be used in stimulation activities with the children. A stimulation guide for the Integral Development of Children from birth to three years of age is also available.

  The stimulation guide for children from three to six years of age includes steps to help the children examine and describe what surrounds them; to teach them to locate things in the room, at home, in the neighbourhood, or in the community; and to develop children's capacity to classify objects. The guide outlines a series of possible activities, such as a trip to the marketplace or a nearby grocery store. The children are asked to remember two or three foods while there and to draw them on their return. It is recommended that resources available in the environment be used, such as toys, fruit, etc. For example, a short poem related to foods might be presented, or a riddle or a guessing game concerning various fruits.

Education of mothers, family, and community

One of the most important tasks, but also one of the most difficult to accomplish, is educating the mothers who bring their children to the homes and centres for care. (Mothers and daughters are included in training events; fathers and brothers are invited, but usually do not attend.) The disparity in the mothers' educational levels complicates the teaching process. In addition, many of the mothers work downtown (usually as household servants) and put in long days that do not allow them much time for meetings; the lack of available time is an even more serious problem for mothers who are heads of households and carry enormous responsibilities on their shoulders.

Parent education is achieved basically in three ways:

- During the daily interaction that occurs when mothers drop off and pick up their children, the day care mother asks questions such as, "Have you been administering the oral rehydration salts to your child who has diarrhoea?"; "Did you bring the medication for your child who has the flu?"; "Have you brought a clean change of clothes for your small child?" These questions remind the mother not only of her obligations as a programme participant, but also of the basic standards of health, cleanliness, etc.

- The day care mother holds meetings with the parents' committee in the community home every two weeks. During these meetings, the promoter-supervisor is usually present. While home problems, which invariably deal with finances, are discussed, there is also discussion about common diseases, such as the higher incidence of diarrhoea during the winter months (which on the coast of Ecuador are rainy and humid), or the higher incidence of acute respiratory infections when the weather becomes dry but cooler. Discussion also focusses on topics related to good nutrition, such as how to replace expensive foods with less expensive but equally nutritious items.

- During the period when the health programme was operational, health promoters periodically brought community members together to talk about health and environmental sanitation. The promoters covered 10 fundamental subjects, including immunization, diarrhoea, water treatment, garbage disposal, etc. Obviously, mothers whose children went to the homes and children's centres were the first to be invited. The health promoters also periodically visited the homes and the centres to observe the children, record their weights, and check their vaccination records.

Supervision

The PCCP in Guasmo Sur is made up of five HCIs and three CCIs; it employs five caregiving mothers and their assistants, as well as 12 community promoters. One institutional promoter and one area coordinator oversee the programme. The Assistant Directorate for Nonconventional Programmes is responsible, in turn, for the working areas in the Guayaquil *suburbios*.

Generally, supervisory visits are made twice weekly, and the institutional promoter stays at each care-providing unit for at least two hours. When visiting home care sites, the institutional promoters provide supervision, establish rapport, and ensure correct use of reporting forms. Occasional inspections also are made without prior announcement by the area coordinator to the institutional promotion team or the community promoters.

Programme monitoring

The follow-up system within the PCCP is based on the following indicators:

Service indicators

- Regarding children: Attendance at their respective child care units;
- Regarding the family and community: Degree of participation in programme support activities and coordination with the child care unit;
- Regarding the care-providing unit itself: Compliance with the programme activities and adequate use of follow-up and information collection instruments.

Impact indicators

- Regarding children: Level of improvement achieved in health, nutritional status, and psychosocial development;
- Regarding families: Degree of knowledge of how the programme works and the changes in their own attitudes toward child care;
- Regarding the child care unit itself: Sanitary and hygienic conditions, maintenance and use of equipment and supplies, use and distribution of space.

Programme revision and refinement

Programme revision and refinement take place both locally and nationally. At the local level, during regular monthly meetings, the parent committees prepare monthly activities reports that are forwarded to the area coordinator. This allows the coordinator to review the activities carried out and suggest changes in programme content. Of course, yearly programming, which is used as a general frame of reference to monitor progress and identify difficulties in implementation, also takes place.

At the national level, all programmes receiving international assistance are subjected to annual review and reprogramming, a process involving the participation of the executing institutions, the national planning body, and the cooperating agency. While this process is not always followed strictly, when it is carried out, it provides a good opportunity to analyze in detail achievements and problems in programme implementation.

Factors contributing to the success of the programme

The PCCP effectively meets what the community feels is an urgent need. Working mothers view the community homes as a feasible and positive child care solution well adapted to their needs. Parents view the community centres as an opportunity for their children to develop, to make friends, and above all to prepare for school.

The cost for these services to parents represents a small percentage of their incomes and is quite low in comparison with the cost for similar privately run services. However, the programme does require that parents participate actively in the operation of these services by attending periodic meetings to discuss the economic problems, logistical aspects, food supply, etc. A positive result of this greater involvement is that parents gradually acquire a broader base of knowledge about the development of their own children.

Throughout the programme's development, training has proved to be an essential element. Programme directors, field experts, supervisors, and, of course, the day care mothers and child promoters have all received training. Many young people work as child promoters and assistants to day care mothers on a rotating basis. As such, they have also been trained, thus contributing to the dissemination of health and nutrition knowledge within the community. A tradition of community participation had already been established by neighbourhood organizations, which, in the case of the marginal urban sectors of Guayaquil, are very strong and influential. These organizations directly participate in the programme through selection of local personnel and in selection and remodelling of the child care sites. They also participate in the follow-up and evaluation of community personnel who take care of the children.

The parents, in turn, support their respective home or centre committees by helping to purchase food for the children, working on the home's or centre's financial problems, and sometimes elaborating on the teaching material.

From the programme's point of view, an important byproduct of community participation is a new awareness of children as a priority item on the community's agenda. Ten years ago, the meetings of neighbourhood organizations focussed primarily on the needs for infrastructure, for obtaining services, and for acquiring other facilities. Today, while the communities still address these ongoing problems, a mandatory subject is "What are we doing, and what can be done, for our children?"

Programme constraints

The Nonconventional PCCP has managed to mobilize the community around integrated care of children. The Ministry of Social Welfare has been responsible for the design, implementation, follow-up, and evaluation of the programme. Nevertheless, the administrative and financial structures of this Ministry, which in Ecuador is only 10 years old, are inadequate. Procedures for hiring personnel, for example, or for distributing funds to the communities are slow and complicated. The Ministry has undertaken considerable efforts, as noted above, to train its officials; nevertheless, when they are required to travel in order to supervise, train, or provide technical support for personnel working in the field, they have been inhibited by the complexity of required procedures.

The programme does rely on active community participation, and this is, of course, a positive approach. However, when the Ministry of Social Welfare decided to transfer a certain amount of decision-making capacity and resources to community organizations, it did not take the necessary steps to prepare the community, either in terms of training or in setting up of control mechanisms. One example occurred when certain community leaders were involved in hiring local promoters and day care mothers. They applied undue pressure on the Ministry to choose their relatives or friends, even though these individuals did not comply with established requirements. Also, when certain leaders had to sign checks to pay promoters, they would intentionally take their time just to show off their authority, or they would sign only in exchange for a small percentage of the payment. In other words, some community leaders, consciously or unconsciously, imitated the same attitudes they frequently criticize in public officials who do not adequately serve the interests of the community.

In the marginal urban sectors, especially in a city the size of Guayaquil, political activity is intense. In Ecuador, there are 17 legally recognized political parties, and they all know of the electoral clout of the Guayaquil *suburbios*, with their enormous population density. For example, in the 1984 presidential election, a candidate won—despite having lost in 18 provinces out of 20—because of the support of Guayas and El Oro provinces. The parties are willing to do anything in these sectors to win the electorate's support. The most frequently used means to secure votes are through delivery of services (landfill, small infrastructure projects, etc.) and gift-giving (generally groceries). Popular organizations are a favourite target of these offers, and some see these programmes that incorporate the organized participation of the community as a potential mechanism for obtaining political followers. Therefore, the promoters and day care mothers often are invited to participate in political meetings and marches.

Moreover, the Ministry of Social Welfare, using party politics as the criteria, has manipulated the child care programme in other ways. For example, the political party controlling the Ministry appoints loyal party members to the programme's key managerial positions, and they in turn, using the same party criteria, appoint the supervisory and field personnel, without any regard for technical competence. Sometimes an attempt is made to extend this practice, which may be justified for the managerial jobs, down to the level of the promoters, and this interferes with an authentic community participation process.

With respect to participation in the gathering and systematization of information at all levels, the programme has had to fight against negative attitudes. An information system designed to provide follow-up was in place from the very start, and it has been widely used for a long period of time. The promoters and day care mothers gather and aggregate the information from all the centres and homes they supervise; however, when all the information has been gathered from the entire city, it reaches such proportions that it becomes unmanageable, not only because it has to be processed manually, but also because the data are delivered at different times. The result is that field staff do not receive any feedback from the information that they are constantly collecting. Thus, supervisors, promoters, and day care mothers tend to view the data-gathering process as merely a routine that they are obliged to comply with but that offers no return. The process of gathering information, therefore, is gradually losing impetus; the notion that collecting data is a programme requirement that has no effect on the quality of work is gradually taking hold.

At the community level, existing community organizations, such as the housing pre-cooperatives, neighbourhood organizations, and political committees, usually perform their functions in a parallel manner, without connection between them, although disputes do sometimes arise over influence and target population groups. While the PCCP was introduced into the communities with the knowledge and acceptance of these local organizations, the leaders of these groups often did not see sufficient incentives in the programme to warrant their participation. This was especially true in comparison with other activities, such as projects for improvement of physical infrastructure, that traditionally offer popularity and the power to control resources and dispense favors. The PCCP, therefore, decided to establish its own community organization through the creation of parent committees for each home and community centre. These committees meet with the respective community promoters, the caregiving mothers, and the field staff at least once a month to discuss problems such as the availability of supplies, water, etc., and to review possible solutions.

No formal operating agreement was ever signed between participating institutions. This actually prevented any joint programming or coordinated activities of follow-up and evaluation. In one area, an attempt was made to establish an Interinstitutional Community Coordination Committee. However, owing to the lack of any mandate to force institutions to participate, the activity of that committee faded away. It is well known that Ecuador has a longstanding tradition of independent actions by institutions, especially in the public sector.

Effects on Women, Children, and Community

In Guasmo Sur, the PCCP now includes five home care sites and four community preschool child care centres, serving 475 children. (The number of home care sites and centres includes those run by the Ministry of Social Welfare.) Within the entire province of Guayas, 32 HCIs and 47 CCIs were operating in 1985.

Since it began in 1979, the PCCP has been evaluated, in addition to the routine annual evaluations already noted above, three times by outside teams. Reports of these teams highlighted the following points most often:

- Both modes of preschool child care meet an evident need of the community. In the case of HCIs, for example, mothers can go out to work or look for work outside the home with the assurance that their children are being adequately cared for, fed, and kept safe from physical risks. In the case of CCIs, children have the opportunity to develop their intellectual, emotional, physical, and social potential. Such services did not exist in the community prior to the project. However, the demand for these services by the community is always greater than the programme's capacity to respond.

- The programme has shown itself to be dynamic and creative with respect to the design and implementation of follow-up and its information-gathering system. The 10 operational and content manuals, with their respective forms and instructions, are used not only for follow-up purposes but also for training new personnel and retraining personnel already working in the programme. They also make it possible for personnel working at different technical and administrative levels to speak the same technical and administrative language. Finally, the manuals will be valuable instruments should the programme be replicated in other areas.

- The programme has made a great effort to promote involvement in programme activities of community organizations in general and the families of children receiving care.

For the working mother, the greatest benefit of the child care programme is the satisfaction and peace of mind that she feels when she leaves her child at a community home, where he or she will receive complete protection and care while she is at work. Something similar may be said of the parents whose children attend the CCI. Parents interviewed report that attending the CCI has helped their children become more alert and intelligent, and less timid, and is preparing them for school.

Participant incentives

The programme also benefits programme personnel, depending upon their level of responsibility and the complexity of functions that they perform. For professional personnel, for example, the opportunity to be involved in an ongoing creative process and the opportunity for professional improvement have been important incentives. Additionally, the executing institutions and UNICEF have organized various meetings, nationally and internationally, in which professionals involved in these programmes have had the chance to exchange ideas and experiences with other professional groups. Also, since all aspects of programme development, follow-up, and evaluation are open to participation by programme staff at all levels, professionals feel that their ideas have been taken into account during the entire development process.

As for community personnel, the two major advantages of participation have been the stipends they receive and the opportunity to receive training in specific fields of social action. Another important incentive has been the opportunity to acquire higher status within the community, as community promoters must have the support of community organizations when they join the programme. For the youngest promoters, participation permits contact with community leaders, parents' associations, and other groups, which enables them to increase their experience and knowledge of how different community mechanisms work.

Costs and financial management

An evaluation team appointed by the Ministry of Social Welfare, the National Development Council, and UNICEF analyzed the Guayaquil Project and estimated that by 1983, the cost of each HCI, serving 15 children, included an initial investment of US$210 and a six-month operating expense of US$925. As for the CCIs, the investment costs were estimated at US$876, while operating, supervision, technical support, and monitoring costs were estimated at US$2,620 per year. For the programme as a whole, an estimate made in 1987 places the annual cost per child at US$8.87.

During the initial period when the cooperation agreement was in effect, UNICEF's financial input made up some 80 percent of the total cost; national institutions, such as the Ministry of Social Welfare, covered the remaining 20 percent. A mechanism had been provided for increasing contributions from the national institutions as the agreement's period ran out so that UNICEF's input might decrease. In general terms, this mechanism has worked

well, but there have been difficult times, especially due to the slowness and inefficiency of public-sector funding mechanisms and the over-centralization of financial decision making in Quito.

At present, however, INNFA has assumed the entirety of funding the women's programme, and the Ministry of Social Welfare is carrying 90 percent of the child care programme.

Impact on programme implementers

The most significant impact of this initiative may be in terms of a broadening of institutional support for this type of programme. In the beginning, the programme fell under the responsibility of the old National Directorate for Protection of Minors. However, as activities expanded and the number of personnel and financial budget grew, the Ministry was obliged to create a broader institutional niche for the programme. It first created an Executive Unit, and in 1985 established the National Directorate of Nonconventional PCCP. Also, the National Development Council, the agency carrying out nationwide planning in Ecuador, included this type of programme in the 1984-1988 National Plan under the Chapter of Social Welfare.

Impact on programme beneficiaries

The PCCP has had considerable impact on participating children's health, nutritional, and psychosocial development. The health promoters systematically monitored children's health status in each home or centre. Once the Primary Health Care Programme was suspended, the care-giving mothers continued to provide preventive care. When a child becomes ill, the biological mother takes him or her to the doctor and then brings the medicines to the community home, so the child can continue taking the prescription as needed.

The monitoring of children's nutritional status also was originally done by health promoters, using the three-coloured armband measuring tape. Currently, the caregiving mothers perform the monitoring by using the weight-age system. Each group of homes and centres has a scale to perform this check-up. While updated information is not currently available, the testimony of care-giving mothers indicates that many children who came to the homes poorly nourished have made quick recoveries. Obviously, care, regular feeding, and prevention and control of diarrhoea have all contributed to improving children's nutritional status. The children from the homes and centres also have access to the Ministry of Health vaccination programme. In 1985, the health programme vaccinated 80 percent of Guasmo Sur youngsters for BCG, 80 percent for measles, and 70 percent for DPT and polio.

In terms of measuring the impact of the programme on children, the most difficult aspect to assess is psychosocial development. To measure this, a technically reliable instrument was needed, one that would be easy for community promoters to use. The instrument designed for this purpose is called a behavioural guide. It was first used in 1986 with all

participating children to obtain baseline information for subsequent follow-up. Unfortunately, because of administrative problems, the information was not processed, and a new study has now been commissioned.

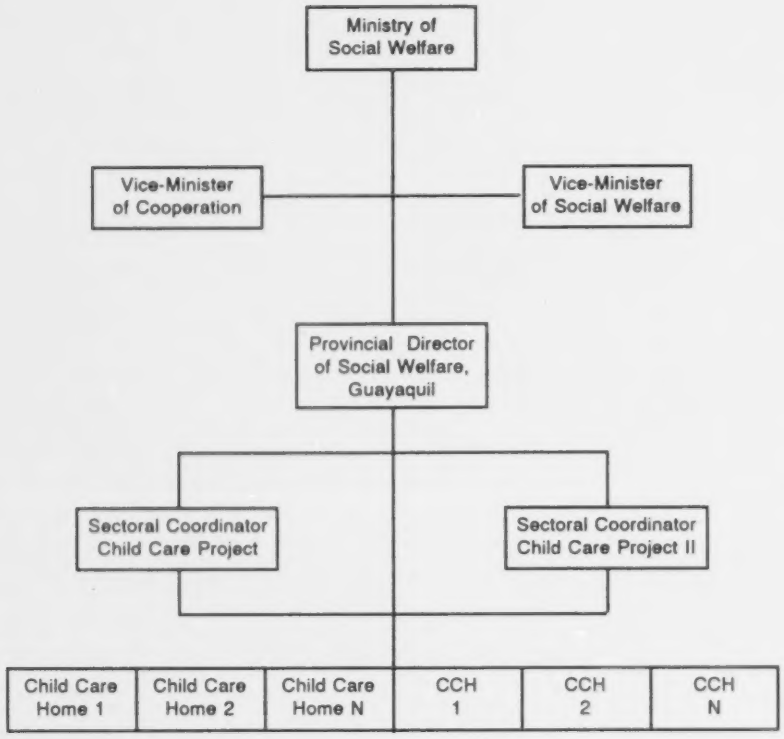
The children's improvement in the area of socialization is evident. They are less timid toward visitors and strangers and better able to share with their playmates. In the area of language development, the children can express themselves more effectively. Their daily activities—painting, paper-cutting, pasting, and so on—contribute to developing their intellectual capacity. In this sense, the environment of the homes and centres is definitely more stimulating than that of their own homes, where preschool children's most frequent entertainment is watching television. In Ecuador, television is in the hands of private companies, and TV programming is based entirely on commercial motivations without great concern for quality. Most families in the *suburbios* have televisions.

Implications for the Future

The PCCP meets the institutional, technical, methodological, and even financial conditions necessary for expansion. In fact, since 1979, when the first community homes were founded in the Cisne II sector of Guayaquil, the Ministry of Social Welfare has been able to expand the programme practically nationwide. By late 1987, the programme was operating in both urban and rural sectors of the provinces of Pichincha, Guayas, Chimborazo, Esmeraldas, Manabi, Imbabura, Cotopaxi, Tungurahua, and Bolivar. According to a report by the National Directorate of Nonconventional Programmes, in that year, there were 69 HCIs, 109 CCIs, 10 Home Centres (a new model), and 48 modules of social communication and recreation, serving a total of 55,222 children and 38,653 participating families.

The national government that took office in August 1988 announced its intention to expand coverage to 108,000 children throughout the entire country, thus creating a Community Child Care Network.

Organizational Chart
Child Care Project
Guayaquil, Ecuador (1988)



Ethiopia

Child Care Centres in Agricultural Producers' Cooperatives

ETHIOPIA: CHILD CARE CENTRES IN AGRICULTURAL PRODUCERS' COOPERATIVES

Background

Located on the horn of Africa and facing the Red Sea, Ethiopia is the oldest independent country in Africa and one of the oldest in the world. The population of Ethiopia consists of more than 40 groups, with the Amharas, Tigreams, and Oromos making up most of the population. The majority of people speak either a Semitic or a Cushitic language, although English is the major language taught in school.

From 1930 to 1974, with the exception of a period of Italian occupation during the Second World War, the Emperor Haile Selassie governed Ethiopia. In September 1974, the military overthrew the Emperor and installed a socialist military government, which remains in power to this time. One of the most fundamental changes brought about by the revolution was the nationalization of business and industry in urban areas and land reform in rural areas, with the Government promoting the establishment of farming collectives and cooperatives.

Agriculture accounts for 45 percent of Ethiopian GNP and employs more than 85 percent of the population. Despite collectivization, peasant farms still account for most agricultural production; in recent years, Ethiopia's farmers have been adversely affected by periods of drought as well as by the negative effects of overgrazing, high population density, and continuing military strife in various parts of the country.

Agricultural producers' cooperatives are, as their name suggests, collective production units. They emerged in 1975, in the wake of the land reform movement, and are intended to bring about the horizontal merging of the fragmented peasant land-holding system. These units must go through several stages before they are considered full-fledged cooperatives in

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which the land and the instruments of production are communally held. To date, only about five percent of Ethiopian farmers are said to be collectivized, and of this group, only a minority have reached the highest stage of producers' cooperative development.

The underlying goal of the "villagization" programme and agricultural collectivization is to rationalize the production system and facilitate the delivery of integrated basic services to the rural population. Both governmental and non-governmental organizations now endeavour to provide basic services through these organized rural communities.

The Melka Oba Project

Background

The Melka Oba Farmers Producers' Cooperative is located about 120 kilometres southeast of Addis Ababa, Ethiopia's capital, near the Sadore resort area. Accessible by road all year round, the cooperative is situated on a plain flanked by hills and is bisected by the Awash River, flowing from west to east. The area is hot and dry with limited rainfall, making farming for subsistence unreliable. Except for fruit trees and a few shrubs here and there, the land is completely deforested.

After the nationalization of rural lands in 1975, the farm was managed by the Horticulture Development Corporation until 1979. In 1980, it was given to the present settlers—192 farmers and their families from the Harrarghe Region who were resettled in Melka Oba by the Government. At that time, there were 103 men and 89 women farmers, 124 children nine years of age and under, and 34 children between 10 and 15 (IFLE, 1983).

The farmers were fruit growers by occupation. They were given 155 hectares of land around Melka Oba that had formerly been owned by a private entrepreneur. The land was already partially covered with various kinds of fruit trees. The settlers organized themselves as a producers' cooperative and began growing fruits and vegetables for the local market. The group was not, however, homogeneous. Some 36 percent had been born in Harrarghe, while another 36 percent were from Showa. The remainder of the group were from Arsi and Wollo. In all, 62 percent spoke Amharic, the official language of Ethiopia, while Oromigna was the mother-tongue of 38 percent of the group.

The Awash River, in addition to being a tremendous resource for the country as a whole, is the life-blood of the Melka Oba cooperative, providing irrigation to the orchards. The farmers must cross the river several times a day on a raft attached to parallel metal ropes fitted with pulleys—a simple, practical, and quite ingenious means of transportation.

Oranges are the main fruit grown on the farm. The farmers also grow vegetables and maize for their own consumption, but most of the cereals needed for the home are bought either from the Dera market in Arsi or from the town of Nazareth. The cooperative owns one grinding mill. There is a cooperative shop in the settlement, which provides a limited range of basic commodities like soap, salt, edible oil, etc.

The cooperative's tractor is used to transport produce to market and bring back supplies. Merchants also go to the farm and buy fruits there. The farmers carry produce from the orchards in sacks to the centre of the community, where the sacks are put on trucks.

Groups carry out the agricultural tasks on the cooperative. The 177 current cooperative members are divided into six teams to carry out farming activities: two teams work in the orchard, two produce cereals, one grows vegetables, and two serve as sentinels against thieves and wild animals.

The cooperative also engages in dairy production and keeps nine cows with an average daily yield of eight to ten litres of milk. The purpose of dairy production is primarily for community consumption, although the supply is still far from adequate. The milk is sold to individual members. A cooperative organizer, a home economics agent, and one development cadre from the Ministry of Agriculture's Woreda District office provide assistance to the cooperative.

The average monthly income of a cooperative member is Birr 120 (in 1988, Birr 2.07 = US$1.00). Since fiscal year 1974-1975 E.C. (the Ethiopian Calendar follows the Julian system and is behind the Gregorian Calendar by about seven years), payment of salary has been based on work points for seven hours of daily work, six days per week.

Identifying the need

An assessment of the situation in Melka Oba prior to the start of the project clearly showed that women were overworked in comparison with men and that this backbreaking work was detrimental to their health, especially for those pregnant or lactating. Women's tasks on the farm and in the house left them little time for relaxation. No Maternal and Child Health (MCH) services were available, and children lacked proper care. The community, drawing water from the Awash River for consumption, did not have a clean and safe water supply, and environmental sanitation left much to be desired. The result was that most of the children suffered from common health problems such as diarrhoea, gastroenteritis, conjunctivitis, malaria, and ear and respiratory infections. The infant mortality rate was reported to be very high.

In the cooperative, mothers were receiving only 45 days' leave after delivery, so they soon went back to work, primarily in the fields, for the entire day. This practice resulted in a dramatic decrease in breastfeeding. Also, when the mothers returned to work, their children were often neglected and lacked an environment conducive to sound physical, social, and mental development. In the absence of mothers and fathers, young children were in most cases left to fend for themselves, or elder sisters and brothers were charged with the responsibility of caring for their younger siblings, including infants. Worse still, some parents would lock their houses when they went to the fields, so the children could not stay indoors. With the river so near to the houses, young children could easily drown; as wild animals and snakes roam about, the children were continually exposed to danger. The children also were not fed on time or properly. Babies' feeding bottles were often dropped in the dust, where they would become infested with flies.

The cooperative did have a clinic, which was staffed by one health attendant, who was of equal status to other members of the cooperative; expanded preventive and curative services were not available at the clinic, nor were family planning services provided.

Overall, the absence of day care, inadequate clinic services, absence of pit latrines and refuse pits, and lack of clean and potable water all contributed to a hazardous situation for children and women.

The community's attitude towards women is traditional. The men feel that care of children is solely women's responsibility. Besides their duties on the farm, the women must take care of children and carry out time-consuming and often arduous chores.

Education

Of the 177 cooperative members, 68 men and 72 women were participating in a literacy programme run by the cooperative. This programme, however, was not a functional literacy course. An elementary school was situated about six kilometres away from the farm, but the absence of a day care centre had forced the community to turn its 6- to 10-year-old children into babysitters instead of sending them to school.

Taking action

With women engaged in seven hours of daily work on the farm and no available alternatives for child care, children were being deprived of the care and attention they so much needed. Therefore, in 1982, the cooperative made a request for assistance, stating that the establishment of a day care centre could help alleviate this problem. The cooperative expressed its willingness to do everything within its means to realize this goal, provided it could receive the necessary technical and material support.

The situation of women and children in Melka Oba was brought to the attention of the district administrators, who approached the Integrated Family Life Education Project (IFLE), a semi-autonomous agency supervised by the Ministry of Labour and Social Affairs and financed mainly by UNICEF. IFLE had been running integrated, nonformal, action-oriented family life education programmes for many years.

In January 1983, IFLE established an Interagency Committee composed of the National Children's Commission, the Ministries of Health and Agriculture, and UNICEF; IFLE served as secretariat. The Adama District Administrative Office representatives worked closely with this steering committee. The purpose of the Interagency Committee was to identify the needs of the producers' cooperative and to seek solutions that would improve living conditions. The committee members met several times to identify areas of intervention. Establishing a creche and a kindergarten were considered urgent interventions that would also serve as entry points for further initiatives in child survival and the promotion of social services. The following objectives related to the initiation, development, and implementation of comprehensive child development services were identified:

- To develop a programme that would ensure the safety and proper care of children while mothers were away at work;
- To allow mothers time off for breastfeeding;
- To provide regular immunization services;

- To develop a programme that would monitor the normal growth and development of children;
- To provide broad-based family life education programmes to men and women of the community in areas of health, child care, nutrition, family planning, and environmental sanitation (waste disposal, construction of latrines, etc.);
- To alleviate some of the burdens women face in providing water and fuel and in food processing, cooking, etc.;
- To ease farmers' burdens through provision of appropriate (basic) technology, such as wooden wheelbarrows, to transport fruits to collection points;
- To train traditional birth attendants.

The following results were expected to be realized through the project in different phases:

- Establishing a low-cost creche and kindergarten centre to provide comprehensive child care services to about 100 children;
- Training no fewer than four child-minders intensively in child care methods and use of educational and play materials for about six months;
- Constructing wooden wheelbarrows from locally available materials;
- Strengthening Maternal and Child Health services;
- Training about five traditional birth attendants;
- Constructing latrines.

Implementation

The strategy adopted was an interagency approach, with responsibilities allocated between various organizations. IFLE took up the responsibility for coordinating and implementing the programme with financial support from UNICEF.

The first phase of the programme was to establish a comprehensive child development programme that would eventually be managed by the cooperative itself. The cooperative set up, from among its members, a children's affairs committee responsible for the eventual management of the creche and kindergarten. The funds provided by UNICEF were used to:

- Employ a local consultant for eight months to train child-minders and establish the day care centre;
- Cover the cost of training child-minders, who were members of the community selected by the cooperative members;
- Purchase raw materials needed to make educational and play materials required during the training period;

- Equip the creche and kindergarten with indoor and outdoor equipment;
- Buy basic tools needed for production of play and educational materials by the child-minders.

Training, organization, and management

The cooperative provided a spacious villa to serve as the office for the executive committee of the cooperative and to house the creche and kindergarten. The National Children's Commission provided the necessary policies and guidelines related to child care and development. The Commission also helped to identify a trainer who would come to Melka Oba to work with the prospective child-minders. The child-minders were selected from among the cooperative members on the basis of their interest in working with children and their educational level, which ranged from bare literacy to sixth grade. Training was conducted on site and lasted about eight months. The curriculum included creative work/ materials production, child development, language development, number concepts, nutrition and hygiene, environmental studies, music, traditional dancing, and art. The amount of time spent on language development and other theoretical subjects had to be reduced when it was found that most of the participants had difficulty reading and writing. Language development and number concepts, therefore, took the form of verbalization and learning by manipulating objects. Similarly, lessons on nutrition, hygiene, and child development were presented in practical and functional modes. It became clear that the participants learned concepts better when the concepts were introduced through the use of visual aids, music, arts, and crafts.

All participants learned how to handle sewing and knitting needles, crochet hooks, and cotton spinning spindles. Handicrafts and art lessons took the form of developing teaching and play materials. Participants made coloured paints out of mud mixed with leaf and flower juices available locally. The papier mâché technique, using soap, paper, and mud, was used to mold toys, basins, cups, measuring vessels, beads, and items for classroom decoration.

The programme was fortunate to obtain the services of a sensitive and competent trainer who had a great deal of experience working with semiliterate child-minders. She was always patient, encouraging participants to try different skills. But as their confidence in the skills grew, their native ingenuity and creativity found expression, as evidenced by the variety of items they created.

> *Aster Wolde Giorgis, a woman in her mid-30s, is one of the first group of preschool teachers in Ethiopia trained prior to the revolution. Aster had been a preschool teacher for a number of years when she became involved in the UNICEF-assisted pilot project for training preschool teachers. Later, when the need for training semiliterate day care mothers in rural areas was realized, Aster was selected as the lead trainer. In the training of semiliterate mothers, Aster played a key role in transferring her special skills in the production and maintenance of play and educational materials made from locally available materials using simple, basic tools.*

Aster's adaptability to different regions and cultural groups allowed her to link easily with the local people. Her training in modern psychology and child development, nutrition, and health made a positive impact on mothers' attitudes and behaviour towards their children, particularly in terms of changing negative child care practices. Aster was able to select appropriate children's stories and songs from each region.

During training periods Aster lived with the trainees in the community. She organized day and night sessions, conducted long discussion periods on topics such as nutrition, personal hygiene, home economics, and day care management. She became a close friend, as well as a teacher, to the day care mothers.

In all, eight child-minders (six female and two male) were trained. A young lady, 22 years of age, who had completed eighth grade and was trained at the National Institute for the Training of Day Care Teachers, was assigned to head the day care centre. She manages the day-to-day affairs of the centre and appears to be committed to and enthusiastic about her responsibilities. The cooperative supports the day care centre through a social fund set aside for social development.

The child care programme

Infants between 1.5 months and three years are cared for in the creche, while the day care centre looks after children four to six. The programme's hours are flexible and mesh as much as possible with the working hours of the mothers.

A typical day in the day care centre includes various indoor and outdoor activities. Daily lesson plans, carried out under the guidance of the district preschool education supervisor, generally follow the national preschool curriculum. The day care centre also provides immunization and health care services.

Prior to establishment of the day care centre in 1983, no social services existed in Melka Oba. The day care programme has had a profound effect on the cooperative, making members aware of the need for other services. The Ministry of Health initially trained a health assistant to serve in the cooperative clinic. Unfortunately, this person died suddenly and the Ministry had to assign its own health assistant temporarily. The latter is assisted by a Community Health Attendant (CHA) who has been trained for six months in a nearby farmers' training centre. The MCH unit of the Ministry of Health, the Family Guidance Association of Ethiopia, and IFLE have provided training in family life education and family planning to members of the cooperative. The Melka Oba cooperative now carries out the health programme. IFLE still provides some support and occasionally supervises community activities.

Effects on women, children, and community

During the initial stage of project development, the steering committee (particularly IFLE and UNICEF) agreed to hold appraisal meetings on site and, as circumstances dictated, to request an evaluation of the programme. Therefore, in 1985, Dr. Andargachew Tesfaye,

Associate Professor at Addis Ababa University, was hired as a consultant to evaluate the programme. Dr. Andargachew visited the project site and interviewed staff of the implementing agency. He carried out interviews with members of the executive committee of the Melka Oba Farmers Producers' Cooperative, staff members of the day care programme, and selected members of the community.

Highlighting past conditions and problems of child care, Dr. Andargachew pointed out that the establishment of the creche and kindergarten at Melka Oba was a great relief to parents, especially working mothers. All of those interviewed by Dr. Andargachew stated that they had witnessed noticeable changes in the health of their children since the programme began—a view that was further corroborated by the health assistant and the community health agent serving Melka Oba.

Production also has increased, because women are better able to concentrate on their tasks without worrying about their children. Absenteeism from work has fallen dramatically because of the reduced need to take sick children to health clinics. In addition to providing a relatively healthy environment and a balanced diet, the day care experience meets children's needs and stimulates learning in all developmental areas (physical, social, emotional, and intellectual). This foundation provides for a smooth transition to formal schooling and better performance in school.

Another critical problem previously faced by the community was the placement of children from the preschool in regular primary school once they completed kindergarten. The nearest school was about six kilometres away, and young children could not walk that distance in extremely hot weather. But once their children had received the preschool training at the centre, residents were eager for their youngsters to continue their education. Therefore, they put pressure on the Ministry of Education, and an elementary school has now been established in Melka Oba. In addition, a functional literacy programme for adults has been started.

Problems

While conditions have improved dramatically, problems still exist on the cooperative. The child-minders feel that they are not being fairly paid. The work point system places them on an equal footing with those working on the farm, but they claim that taking care of children is physically tiring and mentally exhausting, and that they should receive more work points than those who do agricultural work. The chairman of the executive committee was aware of the need to pay teachers a bit more, but the general membership of the cooperative has to be convinced that the work of the child-minders is more demanding and deserves greater remuneration.

Replicability

IFLE and UNICEF had undertaken intensive advocacy in child development and survival and were able to initiate and implement the integrated program in Melka Oba. In less than two years, IFLE received a similar request from another producers' cooperative in the Gojjam Region. In response, a second integrated basic services project was initiated in

the Yetnora Agricultural Producers' Cooperative, located in Dejen District, Gojjam Region. It is a replica of Melka Oba, but in a community with both a different history and different political and economic characteristics.

The Yetnora Project

Background

The Yetnora Agricultural Producers' Cooperative is situated about 240 kilometres northwest of Addis Ababa. The village is located on the right-hand side of the main road, where white-washed, corrugated houses with zinc roofs stand in rows on the hillside with easy identification marks any visitor can notice. The cooperative is made up of 454 men and 176 women. About 500 children, ranging in age from infancy to six years, live there.

The cooperative was established in 1971 E.C., with only 20 members and 34 head of cattle on less than 50 hectares of arable land. Today the co-op controls 1,600 hectares of land and has about 1,200 head of cattle. With the help of the Ministry of Agriculture, the villagization programme has replaced the dispersed settlement pattern of the area with an organized cooperative. The co-op has one modern granary, two grinding mills, a supplementary food processing plant, an assembly hall, a reading room, a cultural artifacts cottage, and a canteen (IFLE, 1985.)

A clinic, operated under the auspices of the Ministry of Heath, is staffed by two health attendants and serves seven neighbouring cooperatives in addition to Yetnora. In the village itself there is also one health post, staffed by a community health agent who provides primary health care services. An examination of MCH service statistics indicates that, on average, about five pregnant women and about 125 children (age four and under) visit the clinic every month.

The most common health problems of the general population in Yetnora include gastrointestinal parasites, scabies, diarrhoea, venereal diseases, and pneumonia. The most common diseases affecting children are diarrhoea and scabies. With the help of the Ethiopian Water Works Construction Authority, hand-dug wells fitted with hand pumps have been constructed. However, infestation of the wells by termites has rendered the otherwise clean water unsafe for drinking.

Identifying the need

Prior to the implementation of the Yetnora project, women and children in the community faced numerous problems. As in Melka Oba, women tended to be overworked in comparison with their male counterparts; they carried out tasks both on the farm and in the home and had little time for relaxation or proper child care. Particular problems faced by women in Yetnora included the following:

- Insufficient or inadequate antenatal and postnatal care;
- Poor nutritional status of lactating mothers;

- Heavy farm and household burdens carried by pregnant and lactating mothers;
- Lack of adequate, appropriate technology that exposed women to hazardous situations.

While mothers and fathers were at work, children in the cooperative faced many problems. As in Melka Oba, after 45 days of maternity leave, mothers must return to full-time work on the farm. This dramatically shortened the breastfeeding period and led to severe nutritional problems for young children. In addition, when mothers went back to work, children were left to fend for themselves or were placed in the care of slightly older siblings. In such cases, children frequently were not fed properly or on time.

Taking action

Faced with all these problems, the Yetnora cooperative contacted IFLE in 1984 to explore the possibility of assistance to alleviate the situation of the cooperative's women and children. IFLE then requested the participation of UNICEF and thus was able to respond positively to the request. Since the Melka Oba experience was deemed worth replicating, the Yetnora request was relayed to the Interagency Steering Committee, and a strategy was outlined.

In the last quarter of 1984, the Steering Committee made a preliminary visit to Yetnora and held discussions with cooperative officials and concerned government representatives at various levels. Members of the Yetnora cooperative then visited Melka Oba and were impressed with its achievements.

The overall objectives of the project were to improve the living conditions of women and children with a view to raising economic productivity. The project would initiate, develop, and implement a comprehensive child development programme with these aims:

- Ensuring secure and safe care for infants and young children while mothers are engaged in farm production;
- Allowing mothers time off for breastfeeding;
- Monitoring child growth and development through use of a growth chart;
- Providing regular immunization for children;
- Providing a broad-based family life education programme for families in the community in areas such as health, nutrition, child care, sanitation, and family planning;
- Easing some of the burdensome tasks carried out by women and men through introduction of appropriate technology;
- Facilitating training programmes for traditional birth attendants.

Specifically, the project focussed on the following goals:

- Establishing a low-cost day care, to be followed by a creche;
- Developing low-cost play and educational materials, for use in the day care and creche, that would be produced during the training course for child-minders.

Project planners estimated that 200 children would be enrolled initially and that 17 child-minders would be trained in child care over a six-month period.

Implementation

In order to implement the project, the concerted involvement of a number of parties—community, district, and regional administrative officials; the Ministries of Agriculture, Health, and Education; the National Children's Commission; UNICEF; and IFLE—was of prime importance. It was hoped that this integrated approach would avoid duplication of effort and make more effective use of human capital and material resources. Each agency had a specific role:

- The Yetnora Agricultural Producers' Cooperative would be the primary initiator and implementer of the project.
- The Dejen District administration would coordinate and facilitate project activities at the administrative sub-region level.
- The Ministry of Agriculture, through its Home Economic Section, as well as its regional and district representatives, would mobilize the cooperative members and demonstrate and supervise improved household technology.
- The Ministry of Health would provide technical assistance and also coordinate and supervise health activities.
- The Ministry of Education's regional office would collaborate in implementation and supervision of the educational programme.
- The National Children's Commission would assist in the provision of guidelines and policies related to child care and development.
- UNICEF would assist in the training of child-minders, provide support in leadership and skill training for women, and provide the necessary supplies and monetary support. This support would be channelled through IFLE.
- IFLE would provide technical assistance, implement and follow up on the Interagency Steering Committee's plans, undertake training programmes, organize workshops, and provide a broad-based family life education programme.

Training, organization, and management

An interagency committee was established to monitor the implementation of the project closely. The committee met regularly and insured that each agency contributed its share. Strong leadership on the part of the cooperative contributed significantly to smooth implementation. Training of child-minders and various developmental activities progressed with active community participation. The dynamic leadership of the cooperative drew other governmental agencies into the project. These groups were able to contribute various skills and material inputs.

The first phase of the project involved several key activities. The cooperative built the necessary facilities for the kindergarten with astounding speed by mobilizing human resources. A Children's Affairs Committee was established to manage the kindergarten. A creche was formed later on. The cooperative provided lodging facilities for the woman providing training for the child-minders. IFLE was again fortunate in securing the services of Aster Giorgis to carry out the training programme.

UNICEF provided support to cover the salary of the trainer for eight months, the cost of training the 17 child-minders, and the cost of educational and play materials, chairs and tables, and installation and provision of necessary materials for bio-gas construction (UNICEF, 1985.) The regional office of the Ministry of Health built pit latrines for the day care and provided technical assistance for other health/sanitation improvements, while the community contributed the labour. The Ministry of Agriculture, from head office to district level, provided trained manpower and some facilities for the construction of bio-gas units for the day care and the cooperative's canteen. The National Children's Commission provided guidelines and policies related to child care and assisted in the recruitment of a trainer. IFLE organized and facilitated the training programme and handled procurement and delivery of supplies. It played a crucial role in the implementation of the Steering Committee's deliberations and monitored the progress of the project.

Effects on women, children, and community

Thus far, no formal evaluation of the Yetnora child care project has been carried out. However, continuous field visits and discussions with sub-regional authorities and influential community leaders have yielded positive impressions; indeed, national and international agencies have visited the project and lauded the work accomplished. Producing quantitative evidence is difficult, but judging by the increase in integrated basic services to community members, especially children, the project is a success.

The results achieved in the first phase of the project have been encouraging. The day care is now being run by the cooperative's Children's Committee, and the co-op has assumed the operating costs. The Interagency Steering Committee maintains follow-up activities while, at the same time, implementing the second phase of the project. In the opinion of the Steering Committee, the integrated approach—which started in Melka Oba—has been replicated in Yetnora with an even higher level of success.

According to the latest information available, the major activities of this second phase of the Yetnora cooperative will focus on establishing a day care centre, a primary school, a bee-keeping project, handicraft projects, an afforestation project, a home for the aged, a

supplementary food production plant, a grinding mill, an oil extraction plant (for edible oils), crop production, animal husbandry, a piggery, a health centre (including family planning), telephone service, electricity, a community recreation centre, and a hotel.

Comparative Analysis of Melka Oba and Yetnora

The Melka Oba cooperative is situated in an area of limited rainfall, so the vagaries of nature continue to affect its productivity level. Erratic rains adversely affect both cash and food crops. Moreover, because the cooperative has no vehicle to transport fruits and vegetables to market, they must depend on middlemen who come to the field and buy their crops at lower prices. Women continue to carry fruits on their backs to collection centres. However, plans to introduce wheelbarrows should be of some help.

Yetnora, on the other hand, has more favourable weather conditions and grows diversified food crops. Gojjam is one of the few regions in Ethiopia that was able to continue to grow crops when the rest of the country was suffering from drought. It is known, in fact, as the breadbasket of Ethiopia.

Another factor impeding progress in Melka Oba is the composition of the population, which is made up of an uprooted group of people with different backgrounds. The heterogeneous nature of the population has had a negative effect, resulting in leadership crises and lack of cohesiveness and solidarity. But the leadership of the Yetnora cooperative is extremely strong, exercising political will and determination and receiving lots of political support.

Major constraints

The initial and most difficult job is sensitizing the community at large, and men in particular, to the fact that child care is *not* the responsibility solely of the mother and that parenting involves a partnership between both parents and with the community. Prior to the start of the project, when queried about the need for day care, the head man of Melka Oba told the IFLE representative that there was no problem with child care in the community—the women take care of it!

Other constraints include continued dependency on outside agencies—national and international—that can inhibit sustainability and hinder the ability of local government infrastructure to supervise, monitor, and evaluate community programmes such as day care.

Implications for the Future

The cooperatives have been successful in that they have taken advantage of the input made by UNICEF and other sectoral agencies. They have also served as an entry point for other development activities and as focal points for the delivery to children of basic health services, such as immunization, nutrition, and other health programmes.

Moreover, the day care centres, in addition to meeting the need for early childhood education and development, have also enhanced the contribution of women to economic and social development through higher labour force participation.

In the final analysis, the cooperatives have done extremely well. They have been able to sustain their programs since 1982 and 1984, respectively.

Lessons Learned

The success of the cooperatives offers several valuable lessons to project planners:

- The interagency approach enhances community development, as the needs of women and children are multidisciplinary and multisectoral. Such an integrated approach avoids duplication of effort and waste of human capital and material resources.
- Involving the community in decision-making and making programmes self-governing from the outset offer great advantages. This approach encourages local initiative and capacity building and aids in achieving self-sustainability.
- Political commitment and a sense of community enhance motivation and enthusiasm.
- Recruiting and training local people, using local materials, and generally depending on local resources can result in a successful, ongoing programme.
- Day care centres should be community-initiated, community-based, and low-cost.
- A successful day care programme includes parental education and support as essential ingredients.
- When day care projects are being designed, the actual recurrent cost of running a centre should be taken on by the local community, not by external agencies.
- Flexible and adaptable personal qualities in a trainer are important ingredients in successful training programmes for day care mothers in rural areas.

Examples of the Basic Play/Educational Materials Produced Locally

Building material
Number rods
Puzzles
Geometric shapes
Geometric puzzles
Logical blocks
Classification cards
Beads
Colour tablets
Dominos
Dressing frames
Cotton balls
Cloth dolls
Alphabet shapes
Clocks
Sandpaper tablets
Hand puppets
Dice
Number shapes
Number puzzles
Writing boards
Alphabet and number flash cards

Locally Available Materials

Cotton materials
Sewing thread
Yarn
Plywood
Hard board
Nails (various sizes)
Blackboard paint
Wood glue (cola)
Wood oil
Textiles (assorted colours)
Paper (writing pads, exercise books)
Pencils
Oil paint (assorted sizes)
Rubber
Hammers
Washing basins (various sizes)
Flat files
Transparent tape
Pens

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Summary

of Case Studies and Conclusions

SUMMARY OF CASE STUDIES

Lessons Learned

In spite of the successes revealed by the analysis of these three case studies, the challenges clearly remain. These challenges require solutions that demand long-term commitment by professionals across many disciplines to address issues related to actual rather than theoretical integration and convergence of services. How and when to involve governments in the complex process of expansion and how to define the critical components in programme quality are pressing concerns. Utilizing the advances in media technology, we must continue our efforts to create flexible training strategies that can respond to the diversity of skills and needs reflected by early child development personnel. As indicated, without our commitment to the infrastructure needed to supplement intensive training courses with ongoing supervision and follow-up, the kinds of programmes we expect will remain an ideal. The frustrations resulting from inefficient monitoring systems must be assuaged by effective information management systems enabling projects to adjust to a changing array of circumstances. Finally, we must continue to allow for the systematic interaction among families, children, and communities. Programmes should not only incorporate and build upon parental wisdom, but also identify the culture-specific opportunities for partnerships with parents that children open up to us, for a brief amount of time, during their passage through infancy and early childhood.

While much remains to be accomplished, several factors seem to characterize successful child development initiatives. For example, all three projects emphasized the interrelated nature of survival and development and the important interactions between the physical, mental, social, and emotional dimensions of the young child's development. In addressing the complex issues of programme replicability and sustainability, the need exists to empower caregivers and communities with the knowledge and skills needed to provide for the survival and development skills of their children. Moreover, sustainable child development programmes can identify and support local patterns and practices of child-rearing that have for generations provided culturally appropriate solutions. Once these patterns are identified, project planners must build this knowledge into the design of locally appropriate programmes, integrating new information when appropriate and searching for innovative solutions. As illustrated in all three examples, community participation is vital to all aspects of a successful programme, and children must be active participants in the creation of their own knowledge. As emphasized, the knowledge fostered is not dependent on the utilization of complex technologies, but can be developed through the application of low-cost materials combined with a learner-centred curriculum that builds upon the learner's existing knowledge.

Successful initiatives, while recognizing the responsibility of the family towards the care of the child, are cognizant of the income-generating responsibilities of most women. While none of the case studies was able to document the impact of the child care programmes on women's earning potential, all suggested that marked increases were apparent. In addition, women whose children attended these programmes were relieved from the burdens of inadequate child care. Future collaborative efforts will most likely place greater emphasis on the need to monitor closely the benefits to women as result of the child care component's integration of child care into women's activities.

CONCLUSIONS

Programme Implications

As illustrated by the three case studies, the benefits of collaboration between those concerned with the healthy growth and development of children and those whose interests lie with the social and economic roles of women have tremendous policy implications for planners in these respective fields (Leslie and Buvinic, 1989). For those in the women in development field, the collaboration provides a more complete grasp of women's responsibilities and contributions in developing countries. As a result, it generates a new set of indicators that can be used to measure the impact of policy and project interventions on women. Second, recognition of the range of child care providers demystifies the notion of mothers as sole caretakers of children and counteracts the view that working women are unfit mothers. Challenging the simplistic notions of women as mothers or as workers provides a more accurate basis for understanding women's, as well as families', strategies for survival. Third, the focus on child care and health has provided additional insights into the distribution of resources within households. Finally, it recognizes that women's work choices are almost always influenced by their need to care for and nurture their children.

For those who focus their professional energies on enhancing the healthy growth and development of children, the collaboration provides additional insights into mothers of young children (Leslie and Buvinic, 1989). For example, it enlarges the range of available strategies to include efforts that enhance women's economic and educational opportunities, as well as their status. Second, it requires that a broad set of factors be considered in the design and evaluation of programme components. Third, recognition of women's multiple roles and responsibilities provides a realistic appreciation of the constraints women face in adopting new practices and utilizing existing services. Finally, an appreciation of the variability in women's work patterns requires that programmes go beyond a simple categorization of mothers as employed or not employed.

Within this collaborative context, we can draw several general guidelines for the design and implementation of child care programmes. A review of these guidelines is presented below, followed by specific programming implications for integrating child care and development components into existing women in development programmes to simultaneously enhance the development of women and children.

Overall Guidelines

- Working women's needs for adequate alternative child care are not being met. Informal care in the home, although preferred, is not sufficient to meet the demands of working women. A range of programming options that can provide adequate care at reasonable cost need to be explored.

- No one programme solution exists. Given the wide range of variation in women's work patterns and conditions of women's work, no one model can be sufficient. Therefore, the provision of child care on a large scale must be conceived as the sum of diverse, smaller-scale programmes that can respond to particular needs and circumstances.

- Strengthening traditional patterns of child care is a viable—and, in many circumstances, a preferred—option. The care provided by extended family members or neighbours can be strengthened by providing caregivers with education, training, and access to existing supportive services. The flexibility, accountability, and affordability of supporting these informal strategies must not be underestimated. However, traditional strategies that remove older siblings, most notably girls, from school need to be replaced so that these youngsters are not deprived of the chance of an education for this reason.

- Policies to support mothers' direct care of the infant in the first year of life must be strengthened. The importance of breastfeeding for the health and development of the infant, as well as its need for attachment to a consistent primary caregiver, is well documented. Thus, social policies facilitating maternal care in the first year of life must be supported.

- Child care programmes must meet standards of quality control. Programme standards of quality control must be designed and imposed. Poor quality child care programmes with inadequate staff training and facilities may have a negative impact on children and generally will not be utilized by women and families in spite of their need for services.

- Programmes must simultaneously address both the care and the development needs of the young child. Programmes focussing on young children's learning potential must also respond to the need for child care. In addition, existing child care programmes must move beyond a custodial view and recognize the need to provide a developmentally appropriate environment for the children under their care.

Incorporating Children's Interests into Women-centred Programmes

In an effort to foster the combined interests of both women and children, the following discussion provides several specific programming recommendations.

1) Women's rights, social legislation, and legal services

Strengthening of women's rights with respect to child care can be effected through social legislation policies. For example, legislation mandating the provision of work site child care is seldom honoured. Other legislative initiatives facilitating the compatibility between women's work and child care include the following:

- Paid maternity leave with guaranteed return and no loss in seniority;
- Child sick leave when parental care is required;
- Decreased work hours and/or flexible work schedules.

In pursuing legal options, however, it is important to recognize that the majority of low-income women are employed in the informal sector and therefore are not affected by legal statutes. The need to survive, the self-imposed demands of their work, and the difficulty of enforcing legislation within the informal sector require solutions that go beyond those characterizing the formal sector.

2) Income generation and related activities

Programmes designed to increase the earning capacity of women have included a range of objectives, such as these:

- Creation and support of enterprises run by and for women;
- Application of appropriate technology to decrease time spent in domestic activities;
- Development of credit schemes;
- Implementation of skills training and education programmes;
- Provision of support and organizational assistance to women engaged in market activities.

For each of these objectives, we suggest strategies to incorporate a child care component.

3) Creation and support of enterprises

During the First Women's Decade (1975-1985), attempts were made to establish and provide support for enterprises run by and for women. Many of these efforts focussed on traditional skills, and little attention was placed on the market potential of the items produced. The success of these programmes was in part related to overcoming the notion that a woman's place is in the home and that new forms of employment would diminish her child care capacities. Child care services must be designed as an integral component of these programmes.

4) Application of appropriate technology

Recognizing the need to relieve women from the burden of domestic chores, many appropriate technology projects have been supported. Of particular relevance are those that reduce the time spent in drawing water, fetching firewood, and processing food. With the exception of the introduction of bottle-feeding, which is seldom beneficial to the young child, less consideration has focussed on alternative "technologies" or forms of child care. Such an approach might concentrate on neighbourhood care in homes and the creation of indigenous learning materials.

Health and nutrition choices also have implications for women's time use and earning potential. For example, oral rehydration and immunization can save child care time, but their use also involves time that has not often been recognized. Programmes promoting these technologies have focussed on the needs of children, not women, and have been planned and implemented by organizations focussed on the survival and development of children (Leslie, 1988).

5) Development of credit schemes

Several innovative credit schemes providing women with access to credit to establish or expand income-earning activities have been developed. A home day care programme in Colombia exemplifies the opportunity for collaboration between credit schemes and the provision of adequate child care. In this programme women are provided with credit, allowing them to make improvements in their homes, which in turn are used as home day care locations. As exemplified in the Nepal case study, the formation of small groups of women to obtain credit for income-earning activities resulted in the development of a child care programme that enhanced their productive capacity.

6) Implementation of skills training programmes

A wide range of training programmes designed to increase the income-earning capacity of women has been implemented. While the upgrading of traditional skills has been included, many programmes have resisted reinforcing traditional activities and the accompanying low levels of prestige. As a result of this bias, child care training as a potential income-earning activity has been ignored. In addition, existing training programmes have focussed on children's needs with little attention towards the needs of women. The minimal short-term

informal training schemes lead to jobs with "gratuities" well below the minimum salary. The payoffs from an awareness of these combined interests could have tremendous benefits for both women and children.

7) Women's education

Recognizing the powerful impacts of education on the enhancement of women's lives has led to the development of many literacy and education programmes. For example, high levels of educational attainment are associated with decreased fertility rates, increased birth spacing, and improved health and nutritional care of children. In the long term, improving women's educational opportunities may provide the most promising of all available strategies.

In developing countries, educational discrimination begins for many girls as early as the preschool period. Thus, efforts to attack disproportionate rates of illiteracy among women must include attention to the preparation of girls for primary school. It has been shown that programmes of early care and development provide one opportunity for overcoming gender inequalities that are already in place at the time of school entry. In addition, one of the barriers to young girls' education is associated with the care and nurturing of her younger siblings. Innovative strategies, such as locating preschools in close proximity to primary schools, must be vigorously pursued.

In summary, in order to maximize and ensure positive benefits to both women and their children, these recommendations must be seen as complementary and reinforcing strategies. It is in the best interests of all those concerned to continue to seek and identify ways to overcome the forced distinction between women's reproductive and productive capacities.

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